

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Address (Street, City, State, Zip and period of Residence) \_\_\_\_\_

Previous Address (Street, City, State, Zip and period of Residence) \_\_\_\_\_

Social Security Number

Home Phone

- - ( ) -

If you are under 18 years of age, can you provide the required proof of your eligibility to work?.....  Yes  No

Are you legally eligible for employment in the United States?.....  Yes  No

Can you with or without reasonable accommodation, perform the essential functions of the job for which you are applying?.....  Yes  No

For reference purposes, have you used a last name other than the one above for employment purposes?..  Yes  No

If yes, list names used: \_\_\_\_\_

Have you ever pled guilty or no contest to a misdemeanor or felony?.....  Yes  No

If yes, please provide Date: \_\_\_\_\_ Place: \_\_\_\_\_ Charge: \_\_\_\_\_

\*Convictions are not an automatic disqualification from employment

**EMPLOYMENT INTERESTS**

Position Desired \_\_\_\_\_  Full \_\_\_\_\_ Salary or Wage Expected and method

Date Available \_\_\_\_\_  Part Time \_\_\_\_\_ Hrs/Week \$ \_\_\_\_\_ Per \_\_\_\_\_

**U.S. MILITARY SERVICE**

U.S. Military Branch \_\_\_\_\_ Date of Active Service \_\_\_\_\_ Rank Attained \_\_\_\_\_ Training Specialty \_\_\_\_\_

Was discharged for a reason other than honorable?.....  Yes  No

**EDUCATION**

Name, City, and State of School	Major Course of Study	Last Year Completed	Diploma/Degree	Overall GPA
High School		1 2 3 4		
Trade School		1 2 3 4		
College/ University		1 2 3 4		
Other		1 2 3 4		

Please include any other specialty training or designation: (i.e. Computer literacy, accounting.)

Do you currently hold an active Ohio State Cosmetology License? .....  Yes  No

Have you attended any accredited classes for Ohio State Cosmetology License renewal for the current 2 year period?  Yes  No

Hours needed to fulfill Ohio State Cosmetology License Renewal regulations? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please fill out all information below even if you have provided us with a resume. Please list your job history for the past 10 years, starting with your current or most recent position.

Start Date	End Date	Present or Last Employer Name	
Job Title		Address	Telephone Number
Name of Manager		Summarize services offered and costs for each or job responsibilities:	
Starting Pay rate	Ending pay rate	Reason for leaving	
Pay method			
Starting Date	Ending Date	Previous employer Name	
Job Title		Address	Telephone Number
Name of Manager		Summarize services offered and costs for each or job responsibilities:	
Starting Pay rate	Ending Pay rate	Reason for leaving	
Pay method			
Start Date	End Date	Previous employer	
Job Title		Address	Telephone Number
Name of Manager		Summarize services offered and costs for each or job responsibilities:	
Starting Pay rate	Ending Pay rate	Reason for leaving	
Pay method			

## Agreement and Acknowledgement

I understand that the company may elect to conduct a pre-employment inquiry, including but not limited to, my prior employment, education, credit history(if applicable), civil litigation record, DMV record of criminal convictions. I further hereby authorize the Company to conduct such inquiry, and to have access to all related records, materials and information without liability or limitation. I understand that on my first day of employment, I must provide proof of identity, legal authorization to work in the United States as required by the provisions of the Immigration Reform and Control Act. Additionally I must provide my current Ohio State Board of Cosmetology License for display in Salon, and the signed statement that you have read, understand and will abide by the employee handbook. I understand that any offer of employment made to me will be rescinded, or that my employment will be terminated if I fail to comply with the forgoing requirements.

I understand that prior to finalization of any offer of employment regarding certain job positions, the Company may condition the offer of employment on satisfactory completion of a drug and/or alcohol screen. I agree to sign a release of medical information authorization form, and to submit to a medical examination and/or drug and alcohol screen should the employer condition my offer of employment upon successful completion of such an examination or screening.

Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and pre-employment process. I also certify that I have not withheld any material information that may be important to the company regarding hiring decisions. I understand that should my employer find that any statement I have made is not truthful, any job offer extended to me will be withdrawn, and if employed, I may be subject to immediate dismissal. I authorize my employer to make any investigation allowed by law, which my employer deems necessary for employment consideration and promotion with the organization.

I understand that this employment application and any offer of employment are not to be construed as a guarantee of employment for a specific time. I further understand that my employment with the organization does not constitute any form of contract, implied or expressed, and such employment will be terminable at will for any reason either by myself or my employer upon notice of one party to the other. This "at will" aspect of my employment can not be changed, waived, or modified except by and express provision in an individual, written employment contract signed by the company President and me. I understand that no commitments made by anyone in the company contrary to those set forth in this application should be relied on by me since any such commitments are void.

Except as required in the performance of my duties, I understand and agree that I will not at anytime during or after my employment, use, disclose, or disseminate any confidential information, or any other information of a secret, proprietary, or generally undisclosed nature relating to my employer, or it's products, customers, employees, plans or procedures. I agree to deliver to my employer any and all companies of confidential information or other company property, upon termination of my employment relationship, or anytime upon my employers request. I also agree not to solicit employees directly or indirectly, either during my employment or for 1 year after employment, to leave employment with the company.

I understand the company reserves the right to change my days and hours of work, at any time, based upon business considerations.

I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supercede and replace any prior understandings or discussions I have had with my employer and set forth the complete agreement between the company and me regarding these matters.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Disclosure Form

In connection with my application for employment(including contract for services) with you, I understand that investigative background inquiries are to be made concerning myself including consumer reports, investigative consumer reports, criminal, driving and other reports. These reports may include information as to my character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance, and experience along with the reason for termination of past employment from previous employers. I have a right to request disclosure of the nature and scope of the investigation, which involves personal interviews with sources such as neighbors, friends, or associates.

I authorize, without reservation, any party or agency contacted by this employer or its agents to furnish the above mentioned information and I authorize this employer or its agents to obtain such reports from time to time for employment purposes:

**Print Full Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**DOB \*\*** \_\_\_\_\_

**Current Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Drivers License Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Applicants Signature** \_\_\_\_\_

**Perspective Employer** \_\_\_\_\_

\*\* Date of Birth is being requested in order to obtain accurate retrieval of records.

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