



Application for Employment

As part of the routine recruiting process, Hoshall's Salon and Spa routinely verifies all information provided on the Applications for Employment. Therefore, you should take the time and attention necessary to ensure that all information provided on this Application for Employment is complete and accurate.

Hoshall's Salon and Spa considers itself to be an Equal Opportunity Employer. Offers of employment are extended only to those candidates that have successfully passed our pre-employment screening processes.

Each applicant should understand that all information provided on this application for employment is provided voluntarily by the candidate and may be used by the prospective employer in any manner the prospective employer deems appropriate in making an employment decision, or in future needs as may be provided by Company policy, or as required by State and Federal law. By completing this application for employment, the applicant authorizes this employer to conduct any form of verification(s) it deems appropriate to verify the information provided on this application.

Applicant's Name: _____ Date: _____

List other names you use or have used, including maiden names, nicknames, stage names, married names.

Address: _____ City _____ State _____ Zip _____

Telephone #: _____ Cell Phone # _____

Email Address: _____

Best time to contact you: _____ Is it OK to leave a message on either of these phone numbers? Yes No

What position are you applying for? _____

Type of employment desired: full-time part-time temporary

Date you will be available to start work: _____

For Technicians and Stylists Only

Do you have a current cosmetology license? Yes No

Cosmetology License # _____ Issuing State _____ Expiration date _____

Is your cosmetology license in good standing? Yes No

Are you able to meet regular attendance requirements? Yes No

Do you have any objection to working overtime if necessary? Yes No

If hired, can you show proof that you may legally work in the USA? Yes No

How did you hear about this job opportunity? _____

Please describe any cosmetology related experience over the last 7 years:

Emergency Contact:

_____		_____	
Name	Relationship		
() _____	_____		
Home Phone Number	Address		
_____		_____	
Work or Cell Phone Number/ext.	City	State	Zip

Employment History

Please provide all employment information for the past seven years employment starting with the most recent. You may use another sheet if necessary.

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate manager and title: _____
Dates employed: from _____ to _____ Hourly Pay Rate _____
What percentage of your income was from tips? _____
Job summary: _____
Reason for leaving: _____
May we contact this prior employer? Yes No

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Other Skills and Qualifications

Do you have other skills or qualifications that would be pertinent to the job for which you are applying?
If so, please describe them in detail below:

Why are you looking to make this job change? _____

Educational History

List school name and location, number of years completed, course of study, and any degrees earned:

High school: _____

College: _____

Cosmetology School: _____

Other: _____

Personal References

Please list 2 people who can comment on your qualification for the position for which you have applied:

Name _____ Cell # _____ Email _____

Relationship to this person _____

Number or years you have known this person: _____

Name _____ Cell # _____ Email _____

Relationship to this person _____

Number or years you have known this person: _____

*Since reaching the age of 18, have you been convicted of a crime other than a minor traffic violation within the last 7 years?

(convictions for one ounce or less of marijuana need not be reported) Yes No

Conviction will not necessarily disqualify an applicant from employment

If yes, please explain: _____

*NOTE: Answering 'yes' to any of these questions may not necessarily disqualify you from the position desired.

I hereby certify that I have not knowingly withheld any information nor provided any false information in conjunction with the application for employment with Hoshall's Salon and Spa. Therefore, I certify that the answers I have provided are true and correct to the best of my knowledge. I understand that any omissions, false statements, or misstatement of material facts on this application or other document used to secure employment with Hoshall's Salon and Spa shall be grounds for rejection of this application for employment or for immediate discharge once I am employed with Hoshall's Salon and Spa, regardless of the time elapsed before or after discovery.

I hereby authorize Hoshall's Salon and Spa to verify the accuracy of information contained in this application, as well as my overall work record for all previous employers, educational institutions, and references. In so doing, I authorized all parties referenced on this application for employment to disclose to Hoshall's Salon and Spa any and all records, letters, matters of employment performance and stability, related to my prior employment. I hereby release Hoshall's Salon and Spa, all former employers, schools, personal references or other providing information to Hoshall's Salon and Spa from any and all liability associated with any request for information related to this application or my former work or school or criminal history

I understand that any offers of employment are made as employment At-Will and as such, are subject to termination by either the Hoshall's Salon and Spa or myself at any time, with or without prior notice. Therefore nothing conveyed during the recruiting, interview or other employment selection process may alter the At-Will employment status with Hoshall's Salon and Spa unless such changed are in written format and signed by the Owner of Hoshall's Salon and Spa.

Should a search of public records (including records documenting arrest, indictment, conviction, civil judgment action, tax liens, credit standing, or other outstanding judgment) be conducted by any Hoshall's Salon and Spa internal personnel, their agents or background reporting agency, I understand that I am entitled to a copy of any such public records obtained by Hoshall's Salon and Spa unless I have marked the check box below. If I am not hired as a result of such information, I understand that I am entitled to a copy of such records even though I have checked the box to waive my right to such copies.

I waive receipt of a copy of any public records described in the paragraph above.

I understand that it is the policy of Hoshall's Salon and Spa not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three business days of being hired. I understand failure to submit such proof within three working days of employment, or failure to comply with any pre-employment requirement may result in the offer of employment being rescinded, or employment termination.

The requirements of the job for which I have applied have been explained to me. My initials below indicate that I am able to perform the essential functions of the job, with, or without a reasonable accommodation by Hoshall's Salon and Spa.

Applicant's Initials: _____

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature

Date