

# EMPLOYMENT APPLICATION

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Position Desired

Application Date

## PERSONAL INFORMATION

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Name

Phone

Email

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Street Address

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City

State

Zip

Are you presently employed? Yes  No

What is your desired pay?

Available to start

Please choose your hours of availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From <input type="text"/>	From <input type="text"/>	From <input type="text"/>	From <input type="text"/>	From <input type="text"/>	From <input type="text"/>	From <input type="text"/>
To <input type="text"/>	To <input type="text"/>	To <input type="text"/>	To <input type="text"/>	To <input type="text"/>	To <input type="text"/>	To <input type="text"/>

Have you ever applied here before? Yes  No  If yes, which position?  Date

Can you submit verification of your identity and legal right to work in the United States? Yes  No

Employment type desired: Full time  Part time  Temporary  Internship  Seasonal (summer/holidays)

Are you 18 years of age or older? Yes  No  If under age 18, do you have a work permit? Yes  No

What prompted you to apply?  Have you ever been convicted of a felony? (Do not include convictions that have been sealed, expunged or statutorily eradicated?) Yes  No

Why do you want to join the Samsara team?

What do you believe would be your greatest contribution to our salon?

## QUALIFICATIONS

Certified Position: Licenses/Certifications <input type="text"/>	Qualifications and special skills <input type="text"/>
State License Number (include state) <input type="text"/>	
Other <input type="text"/>	

## EDUCATION AND TRAINING

<input type="text"/>	<input type="text"/>	<input type="text"/>	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Yet <input type="checkbox"/>
High School	City	State	If yes, date graduated <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Yet <input type="checkbox"/>
College	City	State	If yes, date graduated <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Yet <input type="checkbox"/>
Industry Academ/Beauty School	City	State	If yes, date graduated <input type="text"/>

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Other Training, Education and Honors

# EMPLOYMENT APPLICATION (continued)

## EMPLOYMENT HISTORY (Please list present or most recent employer first)

<b>1</b>					
Employer	Date Hired	Date Departed	Supervisor Name	Position	
Phone	Salary	Duties			
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Reason for Leaving					

<b>2</b>					
Employer	Date Hired	Date Departed	Supervisor Name	Position	
Phone	Salary	Duties			
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Reason for Leaving					

<b>3</b>					
Employer	Date Hired	Date Departed	Supervisor Name	Position	
Phone	Salary	Duties			
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Reason for Leaving					

## REFERENCES (Please provide contact information for (3) individuals NOT related to you)

<b>1</b>				
Name	Phone	Relationship to You	Years Known	
<b>2</b>				
Name	Phone	Relationship to You	Years Known	
<b>3</b>				
Name	Phone	Relationship to You	Years Known	

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by and authorized company representative."

Yes, I understand the terms of this application

Applicant Signature	Date

