

**FILL OUT THE APPLICATION BELOW
AND FAX IT BACK with Resume to:
770-719-9043 OR EMAIL TO
employment@nouritresssalon.com**



Salon & Hair Clinic

Employment Application

PERSONAL DATA			
Name _____			
Last	First	Middle [or Maiden Name]	
Address _____			
Street	City/State	Zip Code	
Phone (____) _____		Social Security _____	Date of Birth _____
Cosmetology License Number _____		State License Acquired _____	
U.S. Citizen? _____ If not, why?			
In the past seven years:			
Have you been convicted of or plead guilty to any criminal felony offense?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been released from confinement following a conviction for any criminal felony offences?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently charged with any felony violations of law?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If your response to any of the preceding three questions was YES , give the date, place and nature of each such conviction or pending charge. (The existence of a conviction or pending charge will not necessarily preclude you from employment. The nature of the crime and its relationship to the position applied for, the degree of rehabilitation and the time elapsed since the crime or release from confinement will all be considered.)			

EDUCATION HISTORY			
EDUCATION	NAME and LOCATION	DIPLOMA/DEGREE (If yes, give date)	MAJOR
High School			
College or University			
Graduate School			
Business/Vocational or Special Training Classes			

[over]



Salon & Hair Clinic

Thank you for seeking employment with NouriTress Salon & Hair Clinic. Qualified applicants over 18 years old are considered regardless of race, creed, color, sex, religion, national origin, age, disability and any other reason protected by law.

POSITION APPLYING FOR	
Title	Salary Desired:
Referred By:	Date Available:

EMPLOYMENT HISTORY			
List Present or Most Recent Employment First			
Employer Name and Address	Dates Employed	Salary	Name and Title of Last Supervisor
1	From	Start	
	To	End	
			May I Contact?
			Phone Number:
2	From	Start	
	To	End	
			May I Contact?
			Phone Number:
3	From	Start	
	To	End	
			May I Contact?
			Phone Number:

ACKNOWLEDGMENT AND CONSENT STATEMENT

I hereby state that the information given by me in this application is true in all respects. I agree that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits and my work performance while in their employ. I will read and abide by the rules outlined in any procedures manual that I may receive.

I understand and agree that, if I am offered employment by **NouriTress Salon & Hair Clinic**, my employment will be for a duration of at least one year beginning with a six month probationary period. After such time, the right to terminate the employment relationship by either party can be granted with an advanced notice of two weeks.

Applicant's Signature

Date