



Salon Cemone is an Equal Employment Opportunity Employer and gives all applicants for employment equal consideration regardless of race, color, sex, religion, national origin, ancestry, age, physical or mental disability, sexual orientation, transgender status, genetic information, marital status, citizenship status, veteran status, pregnancy, height, weight, or any other status protected by federal, state or local law.

**EMPLOYMENT APPLICATION**

**Date:** \_\_\_\_\_

<b>Position(s) Applied For:</b>		<b>Date Available To Start Work:</b> _____
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Assistant	<input type="checkbox"/> Manager
<input type="checkbox"/> Colorist	<input type="checkbox"/> Hair Designer	<input type="checkbox"/> Other: _____

(Please Print)

<b>Name:</b>			
_____	_____	_____	_____
LAST	FIRST	MIDDLE	SOCIAL SECURITY NO.
<b>Address:</b>			
_____	_____	_____	_____
STREET	CITY	STATE	ZIP
<b>Contact:</b>			
_____	_____	_____	_____
E-MAIL	PHONE NO.	BEST TIME TO CALL	
<b>List any additional names you have used which will permit us to check your work record:</b>			
_____			

<b>EMPLOYMENT DESIRED:</b>		
_____	_____	_____
SALARY DESIRED	DATE YOU CAN START	REFERRED BY?
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED HERE BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN? _____
HAVE YOU EVER WORKED HERE BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN? _____
<b>ARE YOU UNDER THE AGE OF 18?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CAN YOU PROVIDE PROOF OF ELIGIBILITY FOR WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A VALID NEW JERSEY COSMETOLOGY LICENSE?		<input type="checkbox"/> YES <input type="checkbox"/> NO

**AVAILABILITY:**

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>

FULL TIME                     
 PART TIME                     
 TEMPORARY                     
 SEASONAL

**EDUCATION:**

<b>SCHOOL</b>	<b>Name and Address of Institute</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma/Degree</b>
<b>HIGH SCHOOL</b>				
<b>UNDERGRADUATE COLLEGE</b>				
<b>OTHER</b>				
<b>Last Salon Seminar</b>				

**WORK EXPERIENCE:**

Start with your present or most recent job, including any military service.

<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>DATES EMPLOYED</b>		<b>RESPONSIBILITIES</b>
		From	To	
<b>SUPERVISOR</b>	<b>PHONE NO.</b>	<b>HOURLY RATE/SALARY</b>		<b>REASON FOR LEAVING</b>
		From	To	
<b>May We Contact?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>DATES EMPLOYED</b>		<b>RESPONSIBILITIES</b>
		From	To	
<b>SUPERVISOR</b>	<b>PHONE NO.</b>	<b>HOURLY RATE/SALARY</b>		<b>REASON FOR LEAVING</b>
		From	To	
<b>May We Contact?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER	ADDRESS	DATES EMPLOYED		RESPONSIBILITIES
		From	To	
SUPERVISOR	PHONE NO.	HOURLY RATE/SALARY		REASON FOR LEAVING
		From	To	
	<b>May We Contact?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			

**Comments, include explanation for any gaps in employment:**


**Describe any specialized training, apprenticeship, certifications, professional trade, volunteer work or extra-curricular activities:**


**Describe your long-term professional goals:**


**SPECIALIZED SKILLS:**  
(Skills/Equipment Operated)

- Computer Knowledge
- Customer Service
- Sales
- Marketing
- Additional Languages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Corrective Color
- Perms
- Up Do's
- Styling
- Make Up
- Eyebrow Threading
- Deep Conditioner
- Keratin Treatment
- Relaxer

- Highlights with Foils
- Highlights without Foils
- Long Hair Cuts
- Short Hair Cuts
- Women's Hair
- Men's Hair
- Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL/PROFESSIONAL REFERENCES:**

**(Do not include family members or past supervisors.)**

<b>NAME</b>	<b>PHONE NO.</b>	<b>OCCUPATION</b>	<b>RELATIONSHIP</b>	<b>YEARS KNOWN</b>

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

**Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.**

**YES**  **NO**

**APPLICANT STATEMENT:**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application, including a background check, for employment as may be necessary in arriving an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_