

Miracles

Hair Design & Salon

Application for Employment

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Birmingham, Alabama 35211
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miracleshairdesigns.com



Application for Employment

Personal Information

Name: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Local Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Phone Number(s): Home () _____ Work () _____

Cell () _____ Other () _____

Are you a U.S. citizen? () Yes () No

Do you own a car? () Yes () No

If not, how will you get to work? : _____

How did you hear about Miracles Hair Salon? _____

If you were referred to us, by whom? _____

Employment Information

Employment Desired:

() Hair Stylist

() Shampoo Tech

() Nail Tech

() Stylist Aide

() Receptionist

() Other (Specify) _____

Date you can start work: _____

Desired salary: _____

Are there any days on which you cannot work? _____

What are your preferred days off? _____

Are you looking for full-time or part-time work? _____

Are you looking for short term or long term employment? _____

Do you have salon experience? () Yes () No

How long have you worked in the salon or hair care business? _____

Are you presently employed? () Yes () No

If yes, how long have you been with your present employer?: _____

May we contact your present employer? () Yes () No

What are your short term professional goals? _____

What are your long term professional goals? _____

Previous Employment

Include your last four employers, beginning with the most recent.

Name of employer: _____

Person to contact:: _____ Phone : _____

Start date: _____ End date: _____

Starting salary: _____ Ending salary: _____

Position: _____ Reason for leaving: _____

Name of employer: _____

Person to contact:: _____ Phone : _____

Start date: _____ End date: _____

Starting salary: _____ Ending salary: _____

Position: _____ Reason for leaving: _____

Name of employer: _____

Person to contact:: _____ Phone : _____

Start date: _____ End date: _____

Starting salary: _____ Ending salary: _____

Position: _____ Reason for leaving: _____

Name of employer: _____

Person to contact:: _____ Phone : _____

Start date: _____ End date: _____

Starting salary: _____ Ending salary: _____

Position: _____ Reason for leaving: _____

Education

| School | Years attended | Did you graduate? |
|---------------------|----------------|-------------------|
| High School: _____ | _____ | _____ |
| College: _____ | _____ | _____ |
| Professional: _____ | _____ | _____ |
| Other: _____ | _____ | _____ |

Are you licensed? () Yes () No What state? _____ License number: _____

What type of license? (Check all that apply)

- | | |
|--------------------------------|---------------------------|
| () Cosmetology | () Managing Cosmetology |
| () Master Stylist | () Instructor |
| () Shampoo/Chemical Assistant | () Apprentice |
| () Massage Therapist | () Manicurist |
| () Pedicurist | () Other (Specify) _____ |

Have you had any advanced training not mentioned above? If so, please provide details. _____

General

We are a sales and performance driven company. As such, you will have definite performance goals to meet.

Will this be a problem for you? () Yes () No

Continuing education is a cornerstone of our business. Are you committed to participating actively in continuing your professional education? () Yes () No

Travel for education may be required. Is this a challenge for you? () Yes () No

If needed, you may be asked to bring a live model for demonstration. Can you provide a live model?
() Yes () No

Are you willing to adapt to our salon's training and artistic procedures? () Yes () No

Are you willing to help other stylists in the event of heavy work loads? () Yes () No

Is there any kind of work that you cannot or prefer not to do? _____

Do you have any skills, training or abilities which you have not mentioned above? If so, please include a specific description. _____

Authorization

I certify that the facts contained in this application for employment are true and complete to the best of my knowledge and I understand that, if employed by Miracles Hair Design and Salon, Inc., falsified statements on this application shall be grounds for dismissal. I authorize Miracles Hair Design and Salon, Inc. to investigate all statements contained herein and the references and employers listed above to provide you all information concerning my previous employment, education, and any pertinent information they may have, personal or otherwise, and do release the company from any and all liability for any damage that may result from the utilization of any such information.

Signature: _____ Date: _____

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First Interview Date: _____ Interviewed By: _____

Second Interview Date: _____ Interviewed By: _____

Demonstration Date: _____ Reviewed By: _____

Action Taken: _____ Hire Date: _____

Notes: _____

