

**Lavish Color Salon**

**4854 Richmond Rd.**

**Cleveland Ohio 44128**

**www.LavishColorSalon.com**

**(216) 378-9870**

**Personal information**

Full name: \_\_\_\_\_

Contact name \_\_\_\_\_ date: \_\_\_\_\_

Birthday: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

IG: \_\_\_\_\_ Facebook: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional contact info: \_\_\_\_\_

\_\_\_\_\_

What position are you applying for? \_\_\_\_\_

Why have you chosen to apply at Lavish Color Salon? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you feel you would be an asset to Lavish Color Salon? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a licensed cosmetologist? \_\_\_\_\_ # \_\_\_\_\_ State: \_\_\_\_\_

If so have you attended advance training? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any advanced training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you held any leadership positions? I.e. school, employment, clubs etc... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, briefly describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some of your goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some of the goals that you hope to achieve within the next year?

\_\_\_\_\_

\_\_\_\_\_

What has prevented you from achieving these goals to date?

\_\_\_\_\_

\_\_\_\_\_

**Lavish Color Salon Employment Application**

If you were able to qualify for this opportunity, would any of the below be a problem and why?

- Scheduled hours once we have decided your schedule? Yes\_\_\_\_\_ No\_\_\_\_\_
- Working weekends Yes\_\_\_ No \_\_\_ If Yes Why? \_\_\_\_\_
- Working evenings Yes\_\_\_ No \_\_\_ If Yes Why? \_\_\_\_\_
- Show up to work on time? Yes\_\_\_ No \_\_\_ If Yes Why? \_\_\_\_\_
- Training classes outside of working hours? Yes\_\_\_\_\_ No\_\_\_\_\_
- If Yes Why? \_\_\_\_\_  
\_\_\_\_\_
- Providing own model for classes? Yes \_\_\_\_\_No \_\_\_\_\_If Yes Why? \_\_\_\_\_
- What value will you add to our team? \_\_\_\_\_

Are you applying for a job or a career? Job\_\_\_\_\_ Career\_\_\_\_\_

Why? \_\_\_\_\_  
\_\_\_\_\_

If licensed, of the services we offer which do you not feel qualified to perform?

\_\_\_\_\_

What do you consider your strongest points? \_\_\_\_\_

\_\_\_\_\_

What do you consider your weakest points? \_\_\_\_\_

\_\_\_\_\_

What method of transportation will you use to get to Lavish Color Salon? \_\_\_\_\_

\_\_\_\_\_

Education – High school / Cosmetology / Barber /Other

High School \_\_\_\_\_ #of years attended: \_\_\_\_\_

Graduate? \_\_\_\_\_ Subjects studied: \_\_\_\_\_

\_\_\_\_\_

Cosmetology/Barber School \_\_\_\_\_

Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, month/year \_\_\_\_\_

If not, # hours To Date: \_\_\_\_\_

College/trade/other: \_\_\_\_\_

\_\_\_\_\_

**Lavish Color Salon Employment Application**

Employment history starting with the last one first

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Final rate of pay: \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Final rate of pay: \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Final rate of pay: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Are you employed now? Yes \_\_\_ No \_\_\_ If, yes can we contact your employer? Yes \_\_\_ No \_\_\_

3 References not related to you that you have known for 3 years or more.

Name	Phone	Business	Years known
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____

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 could be grounds for dismissal. I authorize investigation of all statements and agree references listed above may give any information regarding my fitness for employment. I release all parties from all liability for any damage that may result from furnishing this information.

Signature \_\_\_\_\_ Date \_\_\_\_\_