



TRECCIA SALON EMPLOYMENT APPLICATION

Please provide as much information as possible. Any applications submitted with insufficient information will be deleted without review.

Contact Info	
Title	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Middle Initial	<input type="text"/>
Maiden Name (if applicable)	<input type="text"/>
Street Address	<input type="text"/>
Address (cont.)	<input type="text"/>
City	<input type="text"/>
State/Province	<input type="text"/>
Zip/Postal Code	<input type="text"/>
How Long at Current Address	<input type="text"/> year(s)
Country	<input type="text"/>
Work Phone	<input type="text"/>
Home Phone	<input type="text"/>
FAX	<input type="text"/>
E-mail	<input type="text"/>
D.O.B.	<input type="text"/>
Do you have a driver's license?	Yes <input checked="" type="radio"/> No <input type="radio"/>
What will be your means of transportation to work?	<input type="text"/>
Employment	
Position Applying for	<input type="text"/>
Hours Available	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.
How many hours can you work weekly	<input type="text"/> <input type="checkbox"/> Nights <input type="checkbox"/> Weekends
Employment Desired (please choose one)	<input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Either
Cell Phone (if available for contact)	<input type="text"/>

earliest you are available to start

Education	Name of School	Address	No. of Years	Major/Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Tech	_____	_____	_____	_____

Please list cosmetology-related training classes attended in the last three years. State the subject of the class, date, location, and instructor. Do not include classes related to your formal education at senior high school.

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Have you ever been convicted of a crime?

Yes

No

If yes, please explain.

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Please list two references, other than relatives or previous employers:

Last Name	_____	Last Name	_____
First Name	_____	First Name	_____
Middle Initial	_____	Middle Initial	_____
Address	_____	Address	_____
City	_____	City	_____
State	_____	State	_____
Zip	_____	Zip	_____

Military

Have you ever been in the armed forces?

Yes

No

Are you, presently, a member of the National Guard?

Yes

No

Rank

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Specialty

--

Years of Service

--

From

To

Use the space below to describe, in your own words, any special skills or talents that may add to your qualifications.

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Work Experience

Name of Employer	Address	City	State	Zip	Phone No.

	From: <input style="width: 50px;" type="text"/> To: <input style="width: 50px;" type="text"/>		
Last Supervisor	Dates of Employment	Job	Salary

Why did you leave?

Name of Employer	Address	City	State	Zip	Phone No.

	From: <input style="width: 50px;" type="text"/> To: <input style="width: 50px;" type="text"/>		
Last Supervisor	Dates of Employment	Job	Salary

Why did you leave?

Name of Employer	Address	City	State	Zip	Phone No.

	From: <input style="width: 50px;" type="text"/> To: <input style="width: 50px;" type="text"/>		
Last Supervisor	Dates of Employment	Job	Salary

Why did you leave?

May we contact your past employers?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Did you complete this application yourself?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Are you currently, or have you ever been, a party in a non compete, non-disclosure, or similar covenant or contract?	Yes <input checked="" type="radio"/> No <input type="radio"/>
If yes, please describe.	<div style="border: 1px solid black; height: 100px;"></div>

Please Read Carefully

APPLICATION FORM WAIVER In exchange for the consideration of my job application, by TRECCIA SALON, hereafter referred to as "the company," I agree that:

Neither the acceptance of this application, nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like, as they may exist from time-to-time, or other company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of the company, or otherwise to change in any respect the employment at will relationship between IT and the UNDERSIGNED, and that relationship can not be altered except by a written instrument signed by the President of the company.

Both the undersigned and the company can end the relationship at any time, without specified notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits. I also understand that any reference to benefits or benefit plans stated herein does not create an obligation on the part of the company to provide such I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts, called for, is cause for dismissal at any time without any previous notice. I hereby give the company permission to contact schools, previous employers, (unless otherwise indicated) references and others and hereby release the company from any liability as a result of such contact.

I understand that the fees for services rendered by employees of the company shall be determined by, or are subject to the approval of, the President of the company. My compensation will be either on a commission or hourly basis and such compensation, either on commission percentage or hourly rate is subject to modification by the President of the company at any time during my employment.

I further understand that my employment with the company shall be probationary for a period of 90 days, and further that at any time during the probationary period, or thereafter, my employment relation is terminable at will for any reason by either party.

Signature: _____	Date: _____
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