

Sean's Signature Salon and Spa

Application for Employment

412-749-6144

****Please print information****

Personal information

Full name: _____

Contact name _____

Present Street
Address _____

City _____ State _____ Zip _____

Home Phone: _____

Other Phone: _____

Additional contact information:

What position are you applying for?

Why have you chosen to apply at Sean's Signature Salon and Spa?

Why do you feel you would be an asset to Sean's Signature Salon and Spa?

Are you a licensed cosmetologist / barber? _____ # _____ State _____

If applying for Skin Therapist or Massage: License # _____ 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..._____

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?

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?

What type of transportation would you be using to come to work? _____

Training classes outside of working hours? Yes____ No____ If Yes Why?

Providing own model for classes? Yes____ No____ If Yes Why?

Standing on feet? Yes____ No____ If Yes Why?

Are you able to lift boxes 25 lbs. or less? Yes ____No ____If NO Why?

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 is our web site address?

Education – High School / Cosmetology / Barber /Other

High School _____ #of Years attended _____

Graduate? _____ Year _____ Subjects studied _____

Cosmetology/Barber School:

Graduate? Yes _____ No _____ If Yes month/year

If not _____ # hours To Date

College/trade/other

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 1 year.

Name Phone Business Years

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_____

Please attach your resume.

If you are mailing please send to:

Att: Sean
Sean's Signature Salon and Spa
431 Beaver Street
Sewickley, PA 15143

Email to: kowalskisean@comcast.net