

CENTENNIAL HILLS

Salon & Day Spa
Application for Employment
(702) 839-9669 (702) 839-2263 FAX

****Please print information****

Personal Information

Full Name: _____ Date: _____

Present Street

Address _____

City: _____ State: _____ Zip _____

Home Phone: _____ Other: _____

Additional contact info: _____

What position are you applying for: _____

Are you a licensed _____ ? # _____ State _____

Why have you chosen to apply at Centennial Hills?

Why do you feel you would be an asset to Centennial Hills?

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?

❖ 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 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?

Education – High School/Cosmetology/Other

High School _____ #of years attended _____

Graduate? _____ Year _____

Other Education

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 _____

3 References not related to you that you have known for 1 year.

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 _____

FOR OFFICIAL USE ONLY

INTERVIEW DATE: _____

Available Days/Date **Full Time/Part Time** **Starting Wage:** _____

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
_____	_____	_____	_____	_____	_____	_____

COMMENTS:

