

# Jan's Beauty Salon

## Employee Application Form

*This Information is Private & Confidential!*

*Please answer **each question** completely - and as honestly as possible - so we may support you fully in achieving **personal fulfillment**, as well as **professional and financial success**.*

Today's Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Name of Salon where you work: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Work Number: \_\_\_\_\_

Number of Years in the Industry: \_\_\_\_\_ Number of Years at current Salon: \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

What are your average weekly *service* sales? \$ \_\_\_\_\_

What are your average weekly *retail* sales? \$ \_\_\_\_\_

What is your average weekly *Client count*? \_\_\_\_\_

What is your current *fee* for the following? Haircut: Men \$ \_\_\_\_\_ Haircut: Women \$ \_\_\_\_\_

Haircut: Children \$ \_\_\_\_\_ Color \$ \_\_\_\_\_ Highlights \$ \_\_\_\_\_ Styling \$ \_\_\_\_\_

Perm \$ \_\_\_\_\_ Keratin treatments \$ \_\_\_\_\_ Wax \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

What method of *tracking* do you use for your business? (*Check appropriate item*)

Computer: \_\_\_\_\_ Manual Client Cards: \_\_\_\_\_ Memory: \_\_\_\_\_ No System: \_\_\_\_\_

Do you do any of the following? (*Check the appropriate items*) Newsletter: \_\_\_\_\_ How often? \_\_\_\_\_

New Client Follow-Up Call, Letter or E-mail: \_\_\_\_\_ Birthday Cards: \_\_\_\_\_

Holiday Cards: \_\_\_\_\_ Confirmation Calls: \_\_\_\_\_

If so, how soon before the appointment do you make the Call? \_\_\_\_\_

What do you **want** to earn? \$ \_\_\_\_\_

What *retail lines* do you currently sell? \_\_\_\_\_

\_\_\_\_\_

What *motivates* you to support these lines? \_\_\_\_\_

List the past 2 previous employers:

Name:

Address

Phone number

Position (or title)

Start and end dates

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Name:

Address

Phone number

Position (or title)

Start and end dates

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List 3 personal references (non-family)

Name:

Address

Phone number

Name:

Address

Phone number

Name:

Address

Phone number

By signing this form I represent that all information is true and correct. I recognise that false statements can be the reason for termination and / or criminal prosecution.

Signature and date: \_\_\_\_\_

Typed signature is an acceptable alternative to hand-written signature