

Application for Employment

OOH, Inc.

The Spa Esthetiques/Verge Hair

According to Title Number 7 of the Civil Rights Act of 1964: It is illegal to discriminate against applicants because of race, religion, color, sex, age, or national origin. It is the policy of OOH, Inc. to select and place the best qualified individual in the particular job opening, without prejudice in regard to race, color, sex, age, national origin or handicap if otherwise qualified.

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Home Phone Number

Emergency Number

Person to Contact

What is Your Present Health?

__ Excellent __ Good __ Fair __ Poor

Do you have any disabilities or allergies?

__ No __ Yes (list please) _____

Position Wanted

Full Time/Part Time

Date Available

Years of Experience

Areas of Specialty (Please be specific)

Do you have a state license?

Did you complete High School?

Name of School

City

State

Completion Date

Name of School

City

State

Completion Date

Name of School

City

State

Completion Date

How Were You Referred? _____ Today's Date: _____

May we contact your former employer? ___ Yes ___ No

How do you rate yourself as a professional? ___ Excellent ___ Average

___ Fair ___ Poor

How do you feel about selling? ___ Enjoy It ___ Neutral ___ Don't Like It

What type of employee are you?

___ Excellent ___ Average

___ Fair ___ Poor

What is your definition of common sense? _____

What is your definition of Integrity? _____

What is the most important reason for you to consider employment with this company?

OFFICE EXPERIENCE

Do you have cashier experience? ___ Yes ___ No

Do you have bookkeeping experience? ___ Yes ___ No

Appointment Scheduling experience? ___ Yes ___ No

Office Manager Experience? ___ Yes ___ No How Long _____

Computer Experience? ___ Yes ___ No

Software used _____

COSMETOLOGY ONLY

___ Haircutting ___ Permanent Waving Service ___ Color Services

___ Foil Highlighting ___ Cap Highlighting

___ Hair styling and dressing ___ Hair Weaving ___ Hot Iron ___ Wet Setting

___ Manicuring ___ Pedicure ___ Facial/Skin Care ___ Waxing

___ Make-up Lessons/Application ___ Massage Therapy

Do you have any Ethnic Hair Experience? ___ Yes ___ No

If yes, please list what types: _____

Are you willing to provide a model and demonstrate your abilities within the areas you have checked? ___ Yes ___ No

If you could set your own work schedule, how many hours would you like to work a week? _____

Please complete your ideal work schedule below:

<i>Monday</i>	<i>to</i> _____
<i>Tuesday</i>	<i>to</i> _____
<i>Wednesday</i>	<i>to</i> _____
<i>Thursday</i>	<i>to</i> _____
<i>Friday</i>	<i>to</i> _____
<i>Saturday</i>	<i>to</i> _____

Check if scheduling makes no difference to you. _____

Any other remarks or comments that may assist you in the position you are seeking:

Give four references: (2) Former Employers and (2) Personal.

Former Employer Telephone Number City/State

Former Employer Telephone Number City/State

Personal Telephone Number City/State

Personal Telephone Number City/State

In signing this application I clearly understand and agree to the following: (1) that all statements are true and correct to the best of my knowledge, (2) no attempt has been made to conceal or withhold pertinent information, (3) I authorize an investigation of all statements with no liability and (4) any falsification or misrepresentation may be considered cause for termination.

Applicant's Signature Date