

**AUREA**  
SALON SPA  
AVEDA

**Applicant Information**

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Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_ No \_\_\_

If no, are you authorized to work in the United States? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If yes, explain? \_\_\_\_\_

What position are you applying for: \_\_\_\_\_

Are you a licensed cosmetologist/barber? \_\_\_\_\_ # \_\_\_\_\_ State \_\_\_\_\_

If so, have you attended advance training? Yes \_\_\_ No \_\_\_

If Yes, please list any advanced training \_\_\_\_\_

What do you consider your strongest points? \_\_\_\_\_

What do you consider your weakest points? \_\_\_\_\_

**Availability**

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Please specify below which of the following you would be able to perform?

Scheduled hours once we have decided your schedule? Yes \_\_\_\_\_ No \_\_\_\_\_

Working weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

Working evenings? Yes \_\_\_\_\_ No \_\_\_\_\_

Working mornings? Yes \_\_\_\_\_ No \_\_\_\_\_

Training classes outside of working hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Providing own model for classes? Yes \_\_\_\_\_ No \_\_\_\_\_

Standing on feet? Yes \_\_\_\_\_ No \_\_\_\_\_

**Education**

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**High School** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_

**College/Trade/Other** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_

**Cosmetology** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, month/year \_\_\_\_\_

If not the number of hours to date \_\_\_\_\_

## Employment History

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Starting with the most recent

Company \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Company \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Company \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

## References

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Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

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 that the 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 \_\_\_\_\_