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**Employment Application**

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| **Personal Information** |
| **First Name:** | **Last Name:** |
|       |       |
| **Date of Birth (MM/DD/YYYY):** | **Address:** |
|       |       |
| **City:** | **State:** | **Zip Code:** |
|       |       |       |
| **Phone Number:** | **Email:** |
|       |       |
| **If selected for employment, are you willing to provide information for a background check?** |
| * [ ]  **Yes**
* [ ]  **No**
 |
| **What position are you applying for?** |
| * [ ]  **Cosmetologist**
* [ ]  **Esthetician**
 |
| **Do you have a license?** |
| * [ ]  **Yes**
* [ ]  **No**
 |
| * [ ]  **Currently in school**
 | **Expected Graduation (MM/YYYY):** |       |
| **What is your location preference?** |
| * [ ]  **McAllen, TX**
 | **2200 S 10th St Suite B-79, McAllen, TX 78503** |
| * [ ]  **Rosharon, TX**
 | **2944 Meridiana Pkwy Suite B, Rosharon, TX 77583** |
| **Type of Employment:** |
| * [ ]  **Full Time**
 |
| * [ ]  **Part Time**
 |
| * [ ]  **Weekends (Saturday/Sunday)**
 |
| **Level of Education:** |
| * [ ]  **College/University**
 |
| * [ ]  **High School**
 |
| * [ ]  **GED**
 |
| * [ ]  **Other**
 |

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| **Skills (Check the box that accurately represents your level of skill):** |
| **Services** | **Excellent** | **Good** | **Fair** | **Need Training** | **Comments:** |
| **Threading** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Waxing** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Facials** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Extractions** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Chemical Peels** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Microdermabrasion** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Lash Extensions/ Lash Lifts** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Henna** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Hair Cutting** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Hair Coloring** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Shampooing** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Keratin Treatments** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Hair Styling** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Updos/Wedding Hairstyles** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Hair Straightening/ Perms** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Balayage/Ombre** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Brazilian Blowouts** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Braids** | * [ ]
 | * [ ]
 | * [ ]
 | * [ ]
 |       |
| **Additional Experience:** |
| * [ ]  **Management Experience**
 | **How long?** |       |
| * [ ]  **Social Media**
 | **How long?** |       |
| **Social Media Link:** |       |

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| **Employment History (Current/Most Recent)** |
| **Company Name:** | **Phone Number:** | **Position:** |
|       |       |       |
| **Address:** |
|       |
| **Employed From (MM/YYYY):** | **Employed To (MM/YYYY):** |
|       |       |
| **Reason for leaving:** |
|       |
| **Supervisor Name:** | **Supervisor Number:** |
|       |       |
| **Job Description:** |
|       |

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| **Employment History** |
| **Company Name:** | **Phone Number:** | **Position:** |
|       |       |       |
| **Address:** |
|       |
| **Employed From (MM/YYYY):** | **Employed To (MM/YYYY):** |
|       |       |
| **Reason for leaving:** |
|       |
| **Supervisor Name:** | **Supervisor Number:** |
|       |       |
| **Job Description:** |
|       |

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| **Employment History** |
| **Company Name:** | **Phone Number:** | **Position:** |
|       |       |       |
| **Address:** |
|       |
| **Employed From (MM/YYYY):** | **Employed To (MM/YYYY):** |
|       |       |
| **Reason for leaving:** |
|       |
| **Supervisor Name:** | **Supervisor Number:** |
|       |       |
| **Job Description:** |
|       |

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| **References** |
| **Name:** | **Phone Number:** |
| **1** |       |       |
| **2** |       |       |
| **3** |       |       |
| **4** |       |       |

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| **Authorization** |
| I authorize an investigation into all statements and information provided in this application and any supporting documentation. I certify that the information given is true and complete to the best of my knowledge. I understand that any misrepresentation or material omission on this application is grounds for dismissal.Further, I acknowledge and agree that my employment is at-will and can be terminated at any time, with or without cause or notice, regardless of the date of payment of my wages or salary.By my signature below, I confirm that I have read, understand, and agree to these conditions of employment. |
| **Signature of Applicant (Print Full Name):** | **Date (MM/DD/YYYY):** |
|       |       |