

**Application For Employment**  
**Brittany's Spa Salon**  
**904-777-2630**

**Personal Information**

**Full Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Additional Contact Information:** \_\_\_\_\_

**What Position are you applying for:** \_\_\_\_\_

**Why have you chosen to apply at Brittany's Spa Salon:**

\_\_\_\_\_

**Why do feel you would be an asset to Brittany's Spa Salon:** \_\_\_\_\_

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**Are You a Licensed Cosmetologist /barber** \_\_\_\_\_ **#** \_\_\_\_\_ **State** \_\_\_\_\_

**If so have attended advanced training** Yes \_\_\_\_\_ No \_\_\_\_\_

**Please list any advanced training** \_\_\_\_\_

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**Have u held any leadership positions? I.E, School, Employment, Clubs etc.** \_\_\_\_\_. **I f yes briefly describe** \_\_\_\_\_

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**What are some of your goals?**

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**What are some of the goals that you hope to achieve within the next year?**

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**What has prevented you from achieving these goals to date?**

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**Brittany's Spa Salons Employment Application**

Employment history starting with the last one first.

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**Business Name** \_\_\_\_\_ **Address** \_\_\_\_\_

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Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**Business Name** \_\_\_\_\_ **Address** \_\_\_\_\_

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Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**Business Name** \_\_\_\_\_ **Address** \_\_\_\_\_

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Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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

	<b>Name</b>	<b>Phone</b>	<b>Business</b>	<b>Years Known</b>
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.

**Brittany's Spa Salons Employment Application**

**If you were 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? If Yes Why? \_\_\_\_\_**

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

**Why \_\_\_\_\_**

**Providing own model for class \_\_\_\_\_**

**Standing on feet? If yes why? \_\_\_\_\_**

**Are you applying for a job career? Job? \_\_\_\_\_ Career? \_\_\_\_\_ Why? \_\_\_\_\_**

**What are the best services you perform? \_\_\_\_\_**

**What are your strong points? \_\_\_\_\_**

**Weakest Points? \_\_\_\_\_**

**What method of transportation do you have? \_\_\_\_\_**