

# Studio RK Salon

<http://studiorksalon.com>

## Application for Employment

Date of Application: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_

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

Phone(s): Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

### Education

High School: \_\_\_\_\_

Year Graduated/Certificate Achieved: \_\_\_\_\_

College/Technical Training School: \_\_\_\_\_

Year Graduated/Certificate Achieved: \_\_\_\_\_

Other Education: \_\_\_\_\_

Year Graduated/Certificate Achieved: \_\_\_\_\_

### Skills/Certificates/Training

Please list all skills, training or experience that would be relevant to the position for which you are applying:

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**Work Experience**

Name of Business: \_\_\_\_\_ Position: \_\_\_\_\_

Date Started/Date Left: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

Name of Business: \_\_\_\_\_ Position: \_\_\_\_\_

Date Started/Date Left: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

Name of Business: \_\_\_\_\_ Position: \_\_\_\_\_

Date Started/Date Left: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

Have you ever applied for or interviewed at Studio RK Salon in the past? If yes, approximately what date?

Have you or any family members previously worked at Studio RK Salon? If yes, who and approximately what dates? \_\_\_\_\_

**References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List all of the attributes you would bring to our Team:

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Please list any Leadership Roles you have been in and describe:

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State your One Year Goal and your Five Year Goal:

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Name what will be necessary to achieve these Goals:

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What steps are you willing to take in order to market yourself at Studio RK Salon?

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Please state what motivates you:

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Name the top five attributes of a Salon or Day Spa where you would love to be working:

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List everything that comes to mind when you hear Advances Education and Career Development Education:

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Are you willing to travel to different locations for training classes?

Yes     No

Are you available for training classes and staff meetings (unpaid) outside of working hours:

Yes     No

If you answered no to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What hours are you available to work?     Part Time     Full Time

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>

When are you available to start?

\_\_\_\_\_

Have you ever been convicted of a felony?

Yes     No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that misrepresentation or omission of facts in answer to the questions in the application may result in a refusal to hire or an immediate discharge upon discovery.**

I also understand that all statements made by me in connection with my application for employment may be checked. If I am employed by the practice I agree that, just as I have, if hired, the right to terminate my employment at any time, with or without cause, and with or without notice, the Company may terminate my employment at any time with or without cause or notice. I understand that no manager or representative of the Company other than a Partner of the Company has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past or in the future.

I understand my employment is at-will and may be terminated for any reason. Any change in the at-will state of employment is not valid unless it is in writing and signed by an authorized representative of the Company. All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment. All applications are kept on file for one year from the date of the record or personnel action, whichever is later.

I acknowledge and agree that if any time during the hiring process or during my employment, I am subjected to any type of discrimination or harassment, I will contact the Company Rep immediately to obtain assistance in the resolution of such matters.

I further acknowledge and agree that any dispute between me and the Company relating to my application for employment, my employment if hired and/or the separation of thereof, which cannot be resolved informally, shall be resolved by mediation in Lee County, Florida by an impartial mediator, selected in accordance with such rules as the exclusive remedy for any such dispute, including but not limited to claims of alleged discrimination. I understand that I must submit any claim to mediation no later than 365 calendar days following the date that I became aware of the conduct constituting the alleged claim. I further agree to waive any and all claims not raised through this procedure. I understand that this provision does not preclude me from filing a complaint or charge of discrimination with any federal, state, or local agency.

I hereby represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Permission to Contact Previous Employers**

I authorize the Company to contact my prior employers, including each of those employers listed in the Employment Record portions (except for the ones that I have indicated that you do not contact), and other sources of information, regarding my background, and I hereby authorize and direct each such employer and source of information to answer any and all questions regarding my prior employment and background. I hereby agree to indemnify the Company and each of my prior employers listed in the Employment Record portions and each of the other sources of information contacted, and further agree to hold each and every one of them harmless from any claims arising from this authorization and direction.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_