



Application for Employment

Azure Salon is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of disability, sexual orientation or any other basis prohibited by federal or state law

Please complete the entire application

Personal Information (Please print)

Name (Last, First, Middle initials) _____

Other name you are known by: _____ Are you less than 18 years of Age?. (circle) Y N

Have you ever been convicted of a crime, excluding misdemeanor and summary offence, which has not been annulled, expunged or seals by court? (A yes response does not automatically disqualify your application.) (Circle) Y N

Present Address _____
 Street City State Zip

Permanent Address _____
 Street City State Zip

Phone numbers: Daytime _____ Evening: _____

Referred by : _____

If applicable, Cosmetologist License # _____ Expiration date: _____

Employment Desired Position _____ Salary Desired _____ Starting Date _____

Specify hours that you are able to work in the week Specify AM or PM (Circle)	Saturday	Monday	Tuesday	Wednesday	Thursday	Friday	Sunday
	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Education

Name and location of school	Circle Last Year Completed	Did You Graduated?	Subject Studied
High School	1 2 3 4	Y N	
College	1 2 3 4	Y N	
Trade/ Other	1 2 3 4	Y N	

List Skills and/or advanced technical training relevant to the position applied for:

List any language, other than English, that you speak or write:

Have you ever visited an Aveda salon, spa, or retail location?. Where?. Describe your experience.

Why would you like to work at Azure Salon ?

Have you ever applied to, or work for an Aveda salon, spa or retail location?. If yes, list month, date and location.

How did you hear of our salon?. (please circle all appropriate items)

Website Referral Current/past employee Advertisement

Former Employer List current and last three employers, starting with most recent one first. Please include any non-paid Volunteer experience related to the job for which you are applying. Please complete even if you attach a resume

From To:	Current Employer(Name & Adress, type of Business)	Salary or Hourly Wages Starting: _____ Ending: _____ Avg # Hours per week: _____	Position	Reason for Leaving
	Duties Performed			
Supervisor Name		Phone Number	May we contact?	

From To:	Previous Employer	Salary or Hourly Wages Starting: _____ Ending: _____ Avg # Hours per week: _____	Position	Reason for Leaving
	Duties Performed			
Supervisor Name		Phone Number	May we contact?	

From To:	Previous Employer	Salary or Hourly Wages Starting: _____ Ending: _____ Avg # Hours per week: _____	Position	Reason for Leaving
	Duties Performed			
Supervisor Name		Phone Number	May we contact?	

I hereby authorize Azure Salon to thoroughly investigate my background, referenes, employment record and any other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and pervious employers and organizations contacted by Azure Salon to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employer of any and all claims for providing such information. I understand that misrepresentation or omission of any facts may result in rejection of this application, or if hired, discipline up to including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Azure Salon. I understand that nothing contained in this application, or conveyed during any, interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Azure Salon to hire me. I understand and agree that my employment is at will, which means that for no specified period and may be terminated by me or Azure Salon at any time without prior notice for any reason. If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9
I hereby acknowledge and I have read and understood to the above statements.

Date: _____

Signature: _____

