

OMAGI

SalonSpa

APPLICATION FOR EMPLOYMENT

****Please print information****

PERSONAL INFORMATION

Full name: _____

Contact name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Additional contact info: _____

What position are you applying for: _____

Why have you chosen to apply at OMAGI?

Why do you feel you would be an asset to OMAGI?

Are you a licensed cosmetologist / barber? _____ # _____ State _____

If so have you attended advance training? Yes _____ No _____

Please list any advanced training:

Have you held any leadership positions? I.e. school, employment, clubs etc..? If yes describe briefly

What are some of your long term goals?

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

What has prevented you from achieving these goals to date?

What do you consider your strongest points?

What do you consider your weakest points?

QUESTIONNAIRE

ANSWER THE QUESTIONS BY PLACING AN "X" IN THE APPROPRIATE RESPONSE BOX. "NO" RESPONSES REQUIRE AN EXPLANATION.	YES	NO
Can you commit to scheduled hours, once we have designated your schedule?		
Can you work week-ends?		
Can you work evenings?		
Will you consistently arrive to work on time?		
Do you have reliable transportation?		
Are you able to stand on your feet for long hours at a stretch?		
Are you free from other scheduling commitments?		
Can you provide your own model head?		
Are you looking for a long-term career?		
Are you qualified to perform all of the services we offer? If no, which ones are you unable to perform?		

EDUCATION

(High school / Cosmetology / Barber /Other)

High School _____ No. of years attended _____
Graduate? _____ Year _____ GED? _____
Subjects studied _____
College/trade/other _____

EMPLOYMENT HISTORY

(Beginning with most recent)

Employer Name _____
Address _____

Dates employed _____ to _____ Supervisors Name _____
Job Title _____ Final rate of pay _____

Major Responsibilities: _____

Reason for leaving _____

Employer Name _____
Address _____

Dates employed _____ to _____ Supervisors Name _____
Job Title _____ Final rate of pay _____

Major Responsibilities: _____

Reason for leaving _____

Employer Name _____

Address _____

Dates employed _____ to _____ Supervisors Name _____

Job Title _____ Final rate of pay _____

Major Responsibilities: _____

Reason for leaving _____

REFERENCES

Are you employed now? Yes ___ No ___ If yes can we contact your employer? Yes ___ No ___

Contact name and phone number:

Please list 3 References not related to you that you have known for 1 year:

Name	Home/Mobile Phone	Business Phone	Years Known

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.

Signature _____ Date _____