



## EMPLOYMENT APPLICATION

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Indicate which services you are licensed to perform and whether you are willing to perform these services at 4:59:

Hair : Yes \_\_\_ Year first licensed \_\_\_\_\_ Willing to perform services? \_\_\_\_\_

Nails: Yes \_\_\_ Year first licensed \_\_\_\_\_ Willing to perform services? \_\_\_\_\_

Facials: Yes \_\_\_ Year first licensed \_\_\_\_\_ Willing to perform services? \_\_\_\_\_

Massage: Yes \_\_\_ Year first licensed \_\_\_\_\_ Willing to perform services? \_\_\_\_\_

Shaving: Yes \_\_\_ Year first licensed \_\_\_\_\_ Willing to perform services? \_\_\_\_\_

IN License # \_\_\_\_\_

Do you prefer full-time or part-time employment? \_\_\_\_\_

Why have you chosen to apply at 4:59? \_\_\_\_\_

\_\_\_\_\_

Why do you feel you would be an asset to 4:59? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attended advance training? Yes \_\_\_ No \_\_\_ Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

What are some of your goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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If you were able to qualify for this opportunity, would any of the below be a problem and why?

- ❖ Scheduled hours once we have determined your schedule? Yes\_\_\_\_ No\_\_\_\_
- ❖ Working weekends: Yes\_\_\_ No \_\_\_ If Yes Why? \_\_\_\_\_
- ❖ Working mornings at 9am: Yes\_\_\_ No \_\_\_ If Yes Why? \_\_\_\_\_
- ❖ Working evenings until 8pm: Yes\_\_\_ No \_\_\_ If Yes Why? \_\_\_\_\_
- ❖ Showing up to work on time: Yes\_\_\_ No \_\_\_ If Yes Why? \_\_\_\_\_
- ❖ Training classes outside of working hours? Yes\_\_\_\_ No\_\_\_\_ If Yes Why? \_\_\_\_\_
- ❖ Standing on feet? Yes\_\_\_\_ No \_\_\_ If Yes Why? \_\_\_\_\_

Do you have any physical ailments that may make it difficult to perform your job? If yes, please explain: \_\_\_\_\_

Of the services you are licensed to perform which do you not feel qualified to perform without additional training? \_\_

What do you consider your strongest points? \_\_\_\_\_

What do you consider your weakest points? \_\_\_\_\_

What method of transportation will you use to get to/from 4:59? \_\_\_\_\_

## **Education**

High School \_\_\_\_\_ Graduated? \_\_\_\_\_ Year \_\_\_\_\_

Cosmetology/Massage/Esthetician School \_\_\_\_\_

College/Trade/Other (include hours, degrees received and courses) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Employment History (beginning with the most recent)

Business Name: \_\_\_\_\_ City/St: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name & Phone: \_\_\_\_\_

Position(s) held, most recent first: \_\_\_\_\_

Compensation (include hourly rate, commission structure, bonuses etc): \_\_\_\_\_

List any benefits or perks you received: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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

What did you like most about working at this business? \_\_\_\_\_

What did you like least about working at this business? \_\_\_\_\_

Business Name: \_\_\_\_\_ City/St: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name & Phone: \_\_\_\_\_

Position(s) held, most recent first: \_\_\_\_\_

Compensation (include hourly rate, commission structure, bonuses etc): \_\_\_\_\_

List any benefits or perks you received: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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

What did you like most about working at this business? \_\_\_\_\_

What did you like least about working at this business? \_\_\_\_\_

Business Name: \_\_\_\_\_ City/St: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name & Phone: \_\_\_\_\_

Position(s) held, most recent first: \_\_\_\_\_

Business Name: \_\_\_\_\_ City/St: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name & Phone: \_\_\_\_\_

Position(s) held, most recent first: \_\_\_\_\_

## References

Are you employed now? Yes \_\_\_ No \_\_\_ If yes, can we contact your current employer? Yes \_\_\_ No \_\_\_

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.

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