

**Employment Application**

An equal opportunity employer, Cloud 9 Salon, LLC does not discriminate in hiring or terms and conditions of employment because of and individual's race, color, religion, gender, national origin, citizenship, age, disability, sexual orientation or marital status. Cloud 9 Salon, LLC only hires individuals authorized for employment in the United States.



Position Desired: \_\_\_\_\_

Schedule Desired:  Full Time  Part Time

Salary Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

Date Available: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Days / Hours Available: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Application

**PLEASE PRINT**

**PERSONAL INFORMATION**

Last Name		First Name		Middle Name	Are you authorized for employment in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Street Address		City	State	Zip	How long have you lived there? Yrs. _____ Months _____
Contact Phone Number (including Area Code)	Email Address	Social Security Number		If you are under the age of 18 please state your age: _____	

Referred by:  Advertisement \_\_\_\_\_  Agency \_\_\_\_\_  Person \_\_\_\_\_  Other \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.?  Yes  No

Can you perform the function of this job with or without reasonable accommodations?  
 Yes  No If No, Please explain: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please explain: (Note - A conviction alone will not automatically bar you from employment.): \_\_\_\_\_

Military Service?  Yes  No Branch of service and rank \_\_\_\_\_ Date of Service \_\_\_\_\_

**EDUCATION**

Type of School	Name and Location of school	Degree/ Area of Study	Number of years Attended	Graduated (Check One)	
HIGH SCHOOL	Name			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	City State				
COLLEGE	Name			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	City State				
OTHER	Name			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	City State				

**EMPLOYMENT HISTORY**

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of you activities.  
May we contact your current employer?  Yes  No

Dates	Name and Address of Employer	Position Held and Supervisor	List Major Duties	Wages	Reason for Leaving
From: _____ / _____ Mo. Yr.	Name	Your Job Title		Starting	
To: _____ / _____ Mo. Yr.	Address	Supervisor		Final	
	Phone				
From: _____ / _____ Mo. Yr.	Name	Your Job Title		Starting	
To: _____ / _____ Mo. Yr.	Address	Supervisor		Final	
	Phone				
From: _____ / _____ Mo. Yr.	Name	Your Job Title		Starting	
To: _____ / _____ Mo. Yr.	Address	Supervisor		Final	
	Phone				

## REFERENCES

Please list three persons other than relatives or personal friends, who can judge your work ability.

1) Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

3) Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

## SKILLS

List computer software packages in which you are proficient: \_\_\_\_\_

Are you a licensed:  Cosmetologist  Nail Technician  Esthetician  Massage Therapist

State: \_\_\_\_\_ License # \_\_\_\_\_

Please use the space provided below to summarize any additional information necessary to fully describe your qualification. Please list any special skills, advanced courses, training, educational seminars and conferences you have attended:

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## • PLEASE READ •

All information written on this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation of facts in this application disqualifies me from further consideration - or if employed - is grounds for dismissal. I understand that any employment offer is contingent upon satisfactory references and I authorize Cloud 9 Salon, LLC.

I understand that if employed such employment may be terminated for just cause, or no cause, by Cloud 9 Salon, LLC. or myself at any time. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its Owner, and then only when in writing and signed by the Owner, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I fully understand and agree to all statements above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR BACKGROUND CHECK: I authorize Cloud 9 Salon, LLC. to verify employment as well as conduct criminal and vehicular record checks.**

## OFFICE USE ONLY

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Referral Source \_\_\_\_\_ Hired \_\_\_\_\_ Not Hired \_\_\_\_\_

Starting Date \_\_\_\_\_ Positions \_\_\_\_\_ Salary \_\_\_\_\_

Location \_\_\_\_\_ Reporting To \_\_\_\_\_