

# Euphoria

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**\*\*PLEASE PRINT INFORMATION\*\***

## Personal information

Full name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

Why have you chosen to apply at Euphoria? \_\_\_\_\_

Why do you feel you would be an asset to Euphoria? \_\_\_\_\_

Are you a licensed Cosmetologist/ Esthetician/ Massage Therapist/ Nail Tech (circle all that apply)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Temporary \_\_\_\_\_ License # \_\_\_\_\_ 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 briefly describe \_\_\_\_\_

What are some of your 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?

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## Employment history starting with the last one first

• **Business Name and Phone Number** \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

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

• **Business Name and Phone Number** \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

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

• **Business Name and Phone Number** \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

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

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

## 3 References not related to you that you have known for 1 year.

Name	Phone	Business	Years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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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 decided your schedule? Yes \_\_\_\_\_ No \_\_\_\_\_
- Working weekends Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Why? \_\_\_\_\_
- Working evenings Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Why? \_\_\_\_\_
- Show up to work on time? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Why? \_\_\_\_\_
- Training classes outside of working hours? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Why? \_\_\_\_\_
- Providing own model for classes? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Why? \_\_\_\_\_
- Standing on feet? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Why? \_\_\_\_\_

Are you applying for a job or a career? Job \_\_\_\_\_ Career \_\_\_\_\_ Why? \_\_\_\_\_

If licensed, of the services we offer which do you not feel qualified to perform? \_\_\_\_\_

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

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

What method of transportation will you use to get to Euphoria? \_\_\_\_\_

## Education – High School / Cosmetology / Barber / Other

High School \_\_\_\_\_ # of years attended \_\_\_\_\_

Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

College \_\_\_\_\_ # of years attended \_\_\_\_\_

Subjects studied \_\_\_\_\_

Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

Cosmetology/Esthetics/Massage therapy/Nail tech School \_\_\_\_\_

Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes month/year \_\_\_\_\_ If not, \_\_\_\_\_ # hours to date

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 \_\_\_\_\_