



**EMPLOYMENT APPLICATION – LICENSED TECHNICIANS**

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Position Applied For Circle One:    Stylist    Nail Technician    Esthetician    Massage Therapist

How did you hear about this position? \_\_\_\_\_

Full Time     Part Time

What hours are you available? \_\_\_\_\_

Are you a U.S. citizen or alien authorized to work in the U.S.  Yes  No

**EMPLOYMENT HISTORY**

Please list your last three employers starting with the most recent:

Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_



Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

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

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

May we contact your current employer?  Yes  No      Former employer?  Yes  No

What interested you most about your last or present position?

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

What interested you the least? \_\_\_\_\_

### EDUCATION

Name, city and state of High School: \_\_\_\_\_

Areas of study: \_\_\_\_\_ Graduated:  Yes  No

Name, City and State of Technical School \_\_\_\_\_

Date Graduated: \_\_\_\_\_

Name, city and state of College: \_\_\_\_\_

Areas of Study: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Please list all specialized training courses, educational seminars and conferences you have attended:

Please list all memberships in relevant professional organizations:

Are you licensed in the state of Maryland?  Yes  No

If yes, how long have you been licensed? \_\_\_\_\_ License # \_\_\_\_\_

Are you under contract with any other business?  Yes  No



**SKILLS & ABILITIES**

Rate each individual skill list from 1 – 4 (1 = little or no experience, 4 = very experienced). Only fill out the section you have applied for.

STYLIST

- \_\_\_ Haircutting
- \_\_\_ Color
- \_\_\_ Styling
- \_\_\_ Foiling
- \_\_\_ Cap Highlighting
- \_\_\_ Perming
- \_\_\_ Clipper Cutting
- \_\_\_ Other (please specify)

MANICURIST

- \_\_\_ Manicuring
- \_\_\_ French Manicures
- \_\_\_ Pedicures
- \_\_\_ Paraffin Dips
- \_\_\_ Gels
- \_\_\_ Acrylics
- \_\_\_ Nail Art
- \_\_\_ Other (please specify)

ESTHETICIAN

- \_\_\_ Facials
- \_\_\_ Body Wraps
- \_\_\_ Salt Glows
- \_\_\_ Eye Treatments
- \_\_\_ Glycolic Washes
- \_\_\_ Self Tanners
- \_\_\_ Make-up Applications
- \_\_\_ Other (please specify)

Other Skills Details

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MASSAGE THERAPIST: Do you have your National Certification?  Yes Date Received  No

Please list all types of massage and special training (not listed in previous section):

What professional products have you worked with? (Include all chemical lines)

What retail lines are you familiar with?

If you are currently working or have worked in another Salon or Spa:

What is/was your average weekly service dollar total? \_\_\_\_\_

What is/was your average weekly retail dollar total? \_\_\_\_\_



## REFERENCES

List three references. No Relatives please. (example: co-worker, instructor, past supervisor)  
**Experienced technicians please list 2 client references.**

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address:

\_\_\_\_\_

Title/Relationship:

\_\_\_\_\_

How long have you known this person? \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address:

\_\_\_\_\_

Title/Relationship:

\_\_\_\_\_

How long have you known this person? \_\_\_\_\_

3. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address:

\_\_\_\_\_

Title/Relationship:

\_\_\_\_\_

How long have you known this person? \_\_\_\_\_

I verify that all the information provided on this job application is true and correct to the best of my knowledge.

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



**OFFICE USE ONLY:**

Contacted: \_\_\_\_\_

1<sup>st</sup> Interview \_\_\_\_\_ 2<sup>nd</sup> Interview \_\_\_\_\_

Comments: