



EMPLOYMENT APPLICATION

Personal Information

Date _____ Position Desired _____

First Name _____ Middle Int. _____ Last Name _____

Present Address _____

City/State/Zip _____ Social Security No. _____

Home Phone _____ Cell Phone _____ Email _____

Are you at least 18 years or older? YES NO

Are you a citizen of the U.S.A. YES NO

If No, are you legally eligible to work in the U.S.A? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain

Have you applied at Sundrops Nail Spot before? YES NO

Pay Desired _____

If your application is accepted, on what date will you be available for work? _____

What type of work are you looking for? Full Time Part Time

Are you willing to accept employment that may require you to travel? YES NO

What days are you available to work? Please check all that apply

MON	TUES	WED	THURS	FRI	SAT	SUN

Employment History

1. Company _____ Type of Business _____

Address _____ City/State/Zip _____

Telephone _____ Job Title _____ Supervisor _____

Starting Pay _____ Ending Pay _____

Responsibilities _____

Start Date _____ End Date _____ Reason for Leaving _____

May we contact this place of business? () YES () NO

2. Company _____ Type of Business _____

Address _____ City/State/Zip _____

Telephone _____ Job Title _____ Supervisor _____

Starting Pay _____ Ending Pay _____

Responsibilities _____

Start Date _____ End Date _____ Reason for Leaving _____

May we contact this place of business? () YES () NO

3. Company _____ Type of Business _____

Address _____ City/State/Zip _____

Telephone _____ Job Title _____ Supervisor _____

Starting Pay _____ Ending Pay _____

Responsibilities _____

Start Date _____ End Date _____ Reason for Leaving _____

May we contact this place of business? () YES () NO

Education

High School _____ City/State _____

Years Attended From: _____ To: _____ Degree Received? () YES () NO

College _____ City/State _____

Years Attended From: _____ To: _____ Degree Received? () YES () NO

Trade School/
Cosmetology School _____ City/State _____

Years Attended From: _____ To: _____ Degree Received? () YES () NO

If you are a salon professional, please provide your license number _____

If you have completed any special courses, seminars and/or advanced training that we should know about, please explain below:

References

Please list three individuals, not related to you, who you have known for at least one year.

1. Name _____ Years Known _____

Relationship _____ Telephone _____

2. Name _____ Years Known _____

Relationship _____ Telephone _____

3. Name _____ Years Known _____

Relationship _____ Telephone _____

Salon Policies*

If you were selected for this position, would any of these present a problem?

We ask all employees to arrive ten minutes early before their scheduled shift. YES NO

We ask all employees to be able to work weekends. YES NO

We ask all employees to not take personal telephone calls during working hours, unless there is an emergency situation. YES NO

Training sessions and meetings may occur at times other than normal working hours. All employees are expected to attend. YES NO

*These policies are highlights from our employee handbook, which will be provided, and must be followed, if employment is accepted.

Sundrops and Polkadots, LLC is an equal opportunity employer and prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status, or any condition protected by federal, state or local law.

The facts set forth in this employment application are true and complete. I understand that if employed, any false statement on this application may result, in the sole digression of Sundrops & Polkadots, LLC, in dismissal. I understand that all information on this application is subject to verification and I consent to a criminal background check. I further understand that this employment application is not intended to be a contract of employment.

Applicant signature _____

Date _____