



brows to body at BOND spa

809 Broad Street, Shrewsbury, NJ 07702

732-383-5067

www.saloncocobond.com saloncocobond@gmail.com

**EMPLOYMENT APPLICATION**

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

Date Available to Start: \_\_\_\_\_

Position Desired: ( ) Full Time ( ) Part Time

( ) Stylist ( ) Assistant ( ) Skin Therapist ( ) Nail Technician ( ) Receptionist

**Contact Information**

Name: (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cellular #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, or the presence of a non-job-related medical condition or handicap.*

**Personal Information**

Driver's License: (state) \_\_\_\_\_ (number) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Please identify ALL personal addresses during the last (5) years, starting with most recent:

(1) dates \_\_\_\_\_, address \_\_\_\_\_

(2) dates \_\_\_\_\_, address \_\_\_\_\_

(3) dates \_\_\_\_\_, address \_\_\_\_\_

If employed, and you are under 18, can you furnish a work permit? ( ) Yes ( ) No ( ) N/A

Can you work weekends? ( ) Yes ( ) No

Can you work evenings? ( ) Yes ( ) No

Would arriving for work early and staying late present a problem for you? ( ) Yes ( ) No

Identify any days, hours and/or holidays which may be a conflict: \_\_\_\_\_

Identify any special needs: \_\_\_\_\_



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Are you interested in Group Health Insurance?  Yes  No

Are you interested in Advanced Training/Continuing Education?  Yes  No

Do you know any reason why you cannot perform the essential functions of the job for which you are applying, with or without reasonable accommodations?  Yes  No \* If yes, please explain: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? (Proof of citizenship or immigration status may be required upon employment)  Yes  No

Have you ever been arrested and/or convicted of a felony? (Will not necessarily disqualify an applicant from employment)  Yes  No \* If yes, please explain: \_\_\_\_\_

I would specifically like to know about:  Education  Benefits  Vacation  Other: \_\_\_\_\_

Please rate the top (5) services that you perform in order of your preference. Your favorite should be identified with "1", your next favorite "2", etc:  Coloring  Updo's  Waxing  Cutting/Styling  Perming  Blowouts / Straightening w/ Flat Iron  Hair Extensions  Keratin Treatments  Chemical Relaxers

Why do you want to work at Salon CoCo Bond? \_\_\_\_\_

Name (3) strengths that you would bring to Salon CoCo Bond? \_\_\_\_\_

What kind of work environment do you thrive in? \_\_\_\_\_

How do you feel about assisting and helping your co-workers? \_\_\_\_\_

How does education play into fulfilling your career goals? \_\_\_\_\_

Where do you see yourself in five years? \_\_\_\_\_



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**Training and Employment**

Cosmetology License #: \_\_\_\_\_ State: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name and address of beauty school: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

When/where was the last class you attended? \_\_\_\_\_ What class was it? \_\_\_\_\_

Have you regularly attended any manufactures' clinics/seminars? ( ) Yes ( ) No

Years of experience? \_\_\_\_\_ Areas of specialization? \_\_\_\_\_

**Please identify ALL employment for last (5) years, starting with your current or most recent:**

1. (name) \_\_\_\_\_  
(address/phone) \_\_\_\_\_  
(employed from/to) \_\_\_\_\_ (salary/commission start/finish) \_\_\_\_\_  
(position) \_\_\_\_\_ (supervisor's name) \_\_\_\_\_  
(reason for leaving) \_\_\_\_\_

2. (name) \_\_\_\_\_  
(address/phone) \_\_\_\_\_  
(employed from/to) \_\_\_\_\_ (salary/commission start/finish) \_\_\_\_\_  
(position) \_\_\_\_\_ (supervisor's name) \_\_\_\_\_  
(reason for leaving) \_\_\_\_\_

3. (name) \_\_\_\_\_  
(address/phone) \_\_\_\_\_  
(employed from/to) \_\_\_\_\_ (salary/commission start/finish) \_\_\_\_\_  
(position) \_\_\_\_\_ (supervisor's name) \_\_\_\_\_  
(reason for leaving) \_\_\_\_\_

4. (name) \_\_\_\_\_  
(address/phone) \_\_\_\_\_  
(employed from/to) \_\_\_\_\_ (salary/commission start/finish) \_\_\_\_\_  
(position) \_\_\_\_\_ (supervisor's name) \_\_\_\_\_  
(reason for leaving) \_\_\_\_\_



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May we contact your present employer? (If you prefer to keep this application strictly confidential, and not involve your current employer, we understand, and will not contact them.) ( ) Yes ( ) No ( ) Please keep confidential

Why you desire to make a change in employment: \_\_\_\_\_

**References**

1. (name) \_\_\_\_\_  
(address/phone) \_\_\_\_\_  
(relationship) \_\_\_\_\_ (how long have your know this person?) \_\_\_\_\_

2. (name) \_\_\_\_\_  
(address/phone) \_\_\_\_\_  
(relationship) \_\_\_\_\_ (how long have your know this person?) \_\_\_\_\_

3. (name) \_\_\_\_\_  
(address/phone) \_\_\_\_\_  
(relationship) \_\_\_\_\_ (how long have your know this person?) \_\_\_\_\_

**Certification and Agreement**

Please read the following statements carefully before signing. If you have any questions regarding these conditions of employment, please ask them of the employment interviewer before signing.

- (A) This application will be given every consideration, but its receipt does not imply that I will be employed.
- (B) I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and *Salon CoCo Bond*. In addition, I understand and agree that if I am employed, my employment is for no definite term or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or *Salon CoCo Bond*, and that no promised or representations contrary to the foregoing are binding on *Salon CoCo Bond* unless made in writing and signed by me and the owner(s).
- (C) I hereby authorize *Salon CoCo Bond* to investigate thoroughly my references, work record, background, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to *Salon CoCo Bond* any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In additions, I hereby release *Salon CoCo Bond*, my former employers and all other



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persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

(D) I will abide by *Salon CoCo Bond* policies and procedures during my employment, if hired.

(E) I fully understand that *Salon CoCo Bond* employs only United States citizens and properly authorized aliens, and that should I become employed, federal law requires me to furnish to *Salon CoCo Bond* proof of my identity and employment authorization, and to sign a statement under penalty of perjury verifying my eligibility for employment as a citizen or national of the United States or an otherwise employable alien.

I CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I HAVE WITHHELD NOTHING THAT WOULD, IF DISCLOSED, AFFECT THIS APPLICATION UNFAVORABLY. I HEREBY ACKNOWLEDGE THAT I HAVE READ THAT ABOVE CERTIFICATION AND AGREEMENT STATEMENTS AND UNDERSTAND THE SAME. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACT IN THIS APPLICATION OR THE HIRING PROCESS WILL BE CAUSE FOR REFUSAL OF EMPLOYMENT OR, IF EMPLOYED, TERMINATION FROM *SALON COCO BOND*.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Please submit a color copy of your cosmetology license and driver's license, if applicable.*