



OBADIAHSALON

EMPLOYMENT APPLICATION

Date of Application _____

POSITION APPLYING FOR

Stylist _____ Apprentice _____ Massage Therapist _____ Esthetician _____ Nail Artist _____

CONTACT INFORMATION

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip Code

Telephone # _____

Cellular # _____

Email Address _____

Social Security # _____

PERSONAL INFORMATION

Cosmetology License Number _____ Date of issue _____

Do you have a WA License? _____

If no, list licensing in other States/Countries _____

If employed, and you are under 18, can you furnish a work permit? Yes _____ No _____

Have you filled out an application at Obadiah in the past? Yes _____ No _____

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

Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify applicant from employment) Yes _____ No _____

If yes, please explain _____

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.



TRAINING AND EMPLOYMENT HISTORY

Name and Address of Beauty School _____

Dates attended _____

When was the last class you attended? _____

What class was it? _____

Other training _____

Are you currently employed? _____ If yes, where? _____

May we contact your present employer? _____

Present employer's contact information: _____

Please list your previous employers (most current first).

1 Name
Address
Employed from/to
Salary

2 Name
Address
Employed from/to
Salary

3 Name
Address
Employed from/to
Salary

REFERRAL SOURCE

Friend (please name) _____

Advertisement _____

Relative (please name) _____

Walk – In _____

Other (please explain) _____

Employment Agency _____



Why do you want to work at Obadiah?

Name three strengths that you would bring to Obadiah.

Name three areas that you would like to improve upon (may be unrelated to the craft).

What kind of work environment do you thrive in?

SIGNATURE

I certify that the information provided on this application is true and accurate and to the best of my knowledge.

Applicant Signature _____ Date _____

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