

**EMPLOYMENT APPLICATION**

An Equal Opportunity Employer – Prospective employees will receive consideration without discrimination because of race, religion, national origin, gender, sexual orientation, marital status, handicap or veteran status.

**Please print legibly with blue or black ink.**

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_  Full-time  Part-time  Temporary/Seasonal

Have you ever worked for Aveda or one of its affiliates?  Yes  No

If yes, provide location and dates of employment: \_\_\_\_\_

What days/hours are you available to work?

Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Are you willing to work overtime?  Yes  No

Have you ever pled guilty or "no contest" to or been convicted of a felony?  Yes  No

If yes, provide date(s) and details: \_\_\_\_\_

Are you currently out on bail or on your own recognizance, pending trial for an offence for which you have been arrested?  Yes  No

If yes, provide date(s) and details: \_\_\_\_\_

Are you currently bound by an Employment Agreement and/or Contract?  Yes  No

Were you referred by a current employee?  Yes  No If yes, please provide name: \_\_\_\_\_

**EDUCATION INFORMATION**

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you graduate?  Yes  No If no, did you receive a GED?  Yes  No

Vocation/Trade School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years Completed: \_\_\_\_\_ License(s): \_\_\_\_\_

Did you graduate?  Yes  No Degree/Diploma Awarded: \_\_\_\_\_

Vocation/Trade School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years Completed: \_\_\_\_\_ License(s): \_\_\_\_\_

Did you graduate?  Yes  No Degree/Diploma Awarded: \_\_\_\_\_

**SKILLS AND QUALIFICATIONS: LICENSES, CERTIFICATIONS, SKILLS, TRAINING**

Total Years Aveda Experience: \_\_\_\_\_

Year obtained Cosmetology/Esthetician License & State: \_\_\_\_\_ / \_\_\_\_\_ Year obtained Cosmetology Educator License & State: \_\_\_\_\_ / \_\_\_\_\_

List any information not mentioned elsewhere that relates to the position(s) for which you are applying: \_\_\_\_\_

**MILITARY**

Have you served in the U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Describe any training received relevant to the position for which you are applying: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list the names of your present or previous employers in chronological order with present or last employer first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give form name and supply business references. [Add additional page if necessary.]

Are you presently employed?  Yes  No      If yes, may we contact your current employer?  Yes  No

Current/most recent employer      Telephone:      From (mo/yr):      To (mo/yr):

Job Title or Position:      Immediate Supervisor:

Ending Salary (including avg. annual incentive earnings):      Date of last increase:

Description of job duties:

Exact reason for leaving:

Previous employer:      Telephone:      From (mo/yr):      To (mo/yr):

Job Title or Position:      Immediate Supervisor:

Ending Salary (including avg. annual incentive earnings):      Date of last increase:

Description of job duties:

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Previous employer:      Telephone:      From (mo/yr):      To (mo/yr):

Job Title or Position:      Immediate Supervisor:

Ending Salary (including avg. annual incentive earnings):      Date of last increase:

Description of job duties:

Exact reason for leaving:

**PROFESSIONAL REFERENCES**

Name:      Years Acquainted:

Telephone:      Email:

Name:      Years Acquainted:

Telephone:      Email:

Name:      Years Acquainted:

Telephone:      Email:

**At Will Employment** – I acknowledge that if hired, I will be an at will employee. I will be subject to dismissal or discipline without notice, warning or cause at the discretion of the Company. I understand that no representative of the Company, other than the President, has the authority to change the terms of an at-will employment and that any such change can occur only in a written employment contract I signed by both the President and the company and me. \_\_\_\_\_  
(INITIAL)

**Authorization** – I authorize the Company to obtain information about me from my previous employers, schools and credit sources. I authorize my previous employers and schools that I have attended and credit sources to disclose to the Company such information about me as the company may request. If the Company decides to engage an investigative consumer reporting from them the nature and substance of the information contained in the report. \_\_\_\_\_  
(INITIAL)

**Accuracy** – The information provided in this Application for employment is true, correct and complete. I understand that if I am hired, any misstatement or omission of a fact on this application my result in my immediate dismissal. \_\_\_\_\_  
(INITIAL)

I certify that all of the information that I have provided on this application (including attached forms, if any) is true and accurate. \_\_\_\_\_  
(INITIAL)

This application will be considered for a maximum of thirty (30) days. If you wish to be considered for employment after that time you must re-apply. \_\_\_\_\_  
(INITIAL)

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