



EMPLOYMENT APPLICATION

Personal Information:

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home Phone _____ Cell Phone: _____
E-mail Address: _____
Have you applied to the Charles Penzone Family of Salons in the past? [] Yes [] No

Employment Desired:

Position: _____ Desired Pay: _____
Hours Per Week: [] Full Time (25+ hours/week) [] Part Time (15 hours/week minimum) [] Seasonal
Date Available to Begin Working: _____
Days Available & Hours: (ex: 9am - 1pm, 1pm - 9pm, any)
Sunday _____ Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____
Do you have reliable transportation to all of our locations? [] Yes [] No
Are you willing to:
Attend occasional evening or weekend training classes or meetings? [] Yes [] No
Relocate in Columbus? [] Yes [] No
Sign an employment agreement? [] Yes [] No
Have you ever worked for the Charles Penzone Family of Salons before? [] Yes [] No
If yes, Position: _____ Location: _____
Dates: _____ to _____
Why did you leave the Charles Penzone Family of Salons? _____

Employment:

Are you currently employed? [] Yes [] No
If yes, what is your Employer's Name: _____
Type of Business: _____
Supervisor's Name: _____
Supervisor's Phone: _____
May we Contact your current employer? [] Yes [] No
Reason for Leaving: _____

Previous Employers:

Name of Employer: _____ Employment Dates: _____ to _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Reason for leaving: _____

Previous Employers: (continued)

Name of Employer: _____ Employment Dates: _____ to _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Reason for leaving: _____

Education:

Please list schools and colleges attended and degrees earned.

Schools Degrees/Honors/Awards Graduate

_____ Yes No
_____ Yes No

College Degrees/Honors/Awards Graduate

_____ Yes No
_____ Yes No

If applying for Hair Professional, Nail Professional, Esthetician, or Massage Therapist, please list your Ohio license number: _____ Expiration Date: _____

References:

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Occupation: _____

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Occupation: _____

General Information:

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes No
If yes, please explain (A conviction of a crime is not an automatic bar to employment – all circumstances will be considered).

Please share how past performance and experience will be helpful to the job for which you are applying.

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal, State, and local laws prohibiting employment discrimination on the basis of race, color, creed, national origin, religion, ancestry, age, sex, marital status, or disability. Your response will not be used as a basis for discrimination, but will be judged on relevance to the position you will be seeking. Equal access to employment is available to all persons.

I certify that all answers given by me are true, accurate and complete. I authorize investigation of all statements contained in this application. I understand that the falsification, misrepresentation or omission of facts will be cause for denial of employment or immediate termination of employment, regardless of when discovered. Further, I understand and agree that my employment is for no definite period, and may, regardless of the date of payment of my wages, be terminated at any time without any previous notice.

Signature: _____ Date: _____

Note: This application will be kept on file for one (1) year. Kindly note, this application will be given every consideration, but its receipt does not imply that the applicant will be employed. If your application is selected, one of our recruiters will contact you to schedule an interview. Thank you!