

salonkokopelli

look and feel your best

201 union ave
brielle, nj 08736
732-223-2600

311 morris ave
spring lake, nj 07762
732.449.7444

Date: _____

First Name: _____ Last Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell : _____ Email: _____

What position are you applying for? _____

When can you begin? _____

Are you applying for: Full Time Part Time What shifts? Day Night Sat Sun

If applicable...Are you licensed in: (please check all that apply)

Cosmetology Nail Technician Esthetician Massage Therapy

Have you ever applied to salon kokopelli before? Yes No When? _____

Are you employed now? Yes No May we contact your present employer? Yes No

If yes, why are you considering leaving your present position? _____

Have you held any leadership positions? Yes No Where? _____

If licensed, of the services we offer, which do you not feel qualified to perform and why? _____

EDUCATION: (please include name and location of school)

High School: _____ Year graduated: _____ Subjects studied: _____

College: _____ Year graduated: _____ Degree: _____

Cosmetology School: _____ Year graduated: _____ Are you licensed?: Yes No

Other Studies: _____

Please list any advanced training (please include year): _____

EMPLOYMENT HISTORY: (please start with the most recent):

Company: _____ Phone #: _____ Job Title: _____
Street: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ May We Contact Them: Yes No Started: _____ Ended: _____
Reason for Leaving: _____ Start Salary: _____ Ending Salary: _____

Company: _____ Phone #: _____ Job Title: _____
Street: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ May We Contact Them: Yes No Started: _____ Ended: _____
Reason for Leaving: _____ Start Salary: _____ Ending Salary: _____

Company: _____ Phone #: _____ Job Title: _____
Street: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ May We Contact Them: Yes No Started: _____ Ended: _____
Reason for Leaving: _____ Start Salary: _____ Ending Salary: _____

Company: _____ Phone #: _____ Job Title: _____
Street: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ May We Contact Them: Yes No Started: _____ Ended: _____
Reason for Leaving: _____ Start Salary: _____ Ending Salary: _____

REFERENCES: Please list the names and contact information of three people to whom you are not related to and by whom you may have been employed.

- 1. Name: _____ Company: _____ Phone: _____
- 2. Name: _____ Company: _____ Phone: _____
- 3. Name: _____ Company: _____ Phone: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize salon kokopelli to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons for liability in responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given on my application or interview(s) may result in discharge.

Signature: _____ Date: _____