

SALON VIVID

Vivid Hair since 2001

Salon Vivid is an Equal Opportunity Employer

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|--|---|
| APPLICATION DATE | WORK AVAILABILITY: |
| NAME | When are you available to work each day?... |
| ADDRESS | Sunday |
| CITY STATE ZIP | Monday |
| PHONE NUMBER OTHER | Tuesday |
| SOCIAL SECURITY NUMBER | Wednesday |
| ARE YOU UNDER 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/> | Thursday |
| DO YOU HAVE ANY IMMEDIATE FAMILY MEMBERS OR FRIENDS CURRENTLY WORKING FOR SALON VIVID? YES <input type="checkbox"/> No <input type="checkbox"/> IF YES, WHO _____ | Friday |
| IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES <input type="checkbox"/> No <input type="checkbox"/> | Saturday |
| Do you have a TX cosmetology license and how long have you been licensed? YES <input type="checkbox"/> No <input type="checkbox"/> Years' experience _____ | Date available to start |
| ARE THERE ANY DAYS OR HOURS YOU ARE UNABLE TO WORK? YES <input type="checkbox"/> No <input type="checkbox"/> Reason _____ | Minimum pay desired |

CAREER OBJECTIVES

Why are you interested in working at Salon Vivid?

What are your career objectives?

EMPLOYMENT EXPERIENCE

PLEASE LIST THE MOST RECENT EMPLOYER FIRST

FROM ___/___/___ TO ___/___/___ COMPANY _____ TYPE OF BUSINESS _____ POSTION & DUTIES _____ STARTING PAY _____ ENDING PAY _____ NAME OF SUPERVISOR _____ REASON FOR LEAVING _____ PHONE # _____

FROM ___/___/___ TO ___/___/___ COMPANY _____ TYPE OF BUSINESS _____ POSTION & DUTIES _____ STARTING PAY _____ ENDING PAY _____ NAME OF SUPERVISOR _____ REASON FOR LEAVING _____ PHONE # _____

FROM ___/___/___ TO ___/___/___ COMPANY _____ TYPE OF BUSINESS _____ POSTION & DUTIES _____ STARTING PAY _____ ENDING PAY _____ NAME OF SUPERVISOR _____ REASON FOR LEAVING _____ PHONE # _____

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS FOR REFERENCES? YES No

IF NOT, PLEASE EXPLAIN _____

REFERENCES

NAME _____ OCCUPATION _____ PHONE # _____
RELATION TO APPLICANT _____
HOW MANY YEARS KNOWN _____

NAME _____ OCCUPATION _____ PHONE # _____
RELATION TO APPLICANT _____
HOW MANY YEARS KNOWN _____

NAME _____ OCCUPATION _____ PHONE # _____
RELATION TO APPLICANT _____
HOW MANY YEARS KNOWN _____

I HEREBY RELEASE SALON VIVID, MY FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATES FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH REFERENCE DISCLOSURES.

INITIAL _____

EDUCATION

| SCHOOL | NAME, CITY STATE | # OF YEARS | GRADUATED? | | DEGREES/COURSES |
|-------------|------------------|------------|------------|----|-----------------|
| | | | YES | NO | |
| HIGH SCHOOL | | | | | |
| COLLEGE | | | | | |
| ADDITIONAL | | | | | |
| ADDITIONAL | | | | | |

LEGAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR CHARGED WITH A CRIME? PLEASE EXCLUDE ANY CONVICTIONS FOR WHICH THE RECORDS WERE SEALED, EXPUNGED OR ERASED (NOTE: A PRIOR CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT) YES No IF YES, PLEASE LIST AND DESCRIBE

APPLICANT'S STATEMENT

Thank you for your interest in Salon Vivid!

Please read carefully before signing.

To determine qualifications for employment, I authorize Salon Vivid to conduct an investigation of my employment history. I understand that any false information provided by me on this application may result in rejection of the application or if employed, termination of my employment.

The use, possession, or being under the influence of illegal drugs or alcohol while on Company time is prohibited and will result in disciplinary action, up to and including termination of employment.

Signature _____ Date _____