



Employment Application

Personal Information

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone: _____ Mobile Phone: _____

Which location are you willing to work at? Portland Beaverton Either/both

Indicate which services you are licensed to perform and whether you are willing to perform these services at HairM:

Hair : Yes Year first licensed _____ Willing to perform services? _____

Nails: Yes Year first licensed _____ Willing to perform services? _____

Facials: Yes Year first licensed _____ Willing to perform services? _____

Massage: Yes Year first licensed _____ Willing to perform services? _____

Do you prefer full-time or part-time employment? _____

Why have you chosen to apply at HairM? _____

Why do you feel you would be an asset to HairM? _____

Have you attended advance training? Yes No Please list: _____

Have you held any leadership positions? I.e. school, employment, clubs etc. If yes, briefly describe: _____

What are some of the goals that you hope to achieve within the next year? _____

What are some of the goals that you hope to achieve within the next five years? _____

What has prevented you from achieving these goals to date? _____

If you were able to qualify for this opportunity, would any of the below be a problem and why?

- ❖ ,Working weekends: Yes___ No ___ If Yes, Why? _____
- ❖ Working mornings at 7am: Yes___ No ___ If Yes,, Why? _____
- ❖ Working evenings until 9pm: Yes___ No ___ If Yes, Why? _____
- ❖ Showing up to work on time: Yes___ No ___ If Yes, Why? _____
- ❖ Training classes outside of working hours? Yes___ No___ If Yes Why? _____

- ❖ Standing on feet? Yes___ No ___ If Yes Why? _____

Do you have any physical ailments that may make it difficult to perform your job? If yes, please explain: _____

Of the services you are licensed to perform which do you not feel qualified to perform without additional training?

What do you consider your strongest points? _____

What do you consider your weakest points? _____

What method of transportation will you use to get to HairM? _____

Education – High School / Cosmetology /Other

High School _____ Graduated?_____ Year _____

Cosmetology/Massage/Esthetician School _____

Graduated? Yes___ No___ If Yes month/year_____ If not_____ # hours to date

College/trade/other (include hours, degrees received and courses) _____

Employment History (starting with the most recent)

Business Name: _____ City/St: _____

Dates employed: _____ to _____ Supervisors Name & Phone: _____

Position(s) held, most recent first: _____

Compensation (include hourly rate, commission structure, bonuses etc): _____

List any benefits or perks you received: _____

Responsibilities: _____

Reason for leaving: _____

What did you like most about working at this business? _____

What did you like least about working at this business? _____

Business Name: _____ City/St: _____

Dates employed: _____ to _____ Supervisors Name & Phone: _____

Position(s) held, most recent first: _____

Compensation (include hourly rate, commission structure, bonuses etc): _____

List any benefits or perks you received: _____

Responsibilities: _____

Reason for leaving: _____

What did you like most about working at this business? _____

What did you like least about working at this business? _____

Business Name: _____ City/St: _____

Dates employed: _____ to _____ Supervisors Name & Phone: _____

Position(s) held, most recent first: _____

Business Name: _____ City/St: _____

Dates employed: _____ to _____ Supervisors Name & Phone: _____

Position(s) held, most recent first: _____

Are you employed now? Yes ___ No ___ If yes, can we contact your employer? Yes ___ No ___

3 Professional References not related to you that you have known for 1 year:

(Please give name and phone number and professional relation):

1. _____
2. _____
3. _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application could be grounds for dismissal. I authorize investigation of all statements and agree references listed above may give any information regarding my fitness for employment. I release all parties from all liability for any damage that may result from furnishing this information.

Signature _____ Date _____

Please drop off your application in person or fax your application to the location you desire to work.

Portland: 101 SW Main Street | Fax 503.517.0570

Beaverton: 3300 SW Hocken Ave. | Fax 503.352.0882

Thank you for applying to HairM.

We will be contacting the most qualified applicants for interviews.

If you do not hear from us, we wish you the best in your employment search!