

Salon Employment Application

Name: _____ D.O.B. ____/____/____

Address: _____ City: _____ Zip: _____

Phone #: _____

Position Desired: _____ Are you currently licensed in SC for Cosmetology? _____

Cosmetology School Attended: _____

When would you be available to start? _____

What are your available days and hours to work?

M _____ T _____ W _____ TH _____ F _____ S _____

Do you have a reliable method of transportation to arrive to work? _____

Please provide the details of some color or product lines you are familiar with:

Why do you think you would be a valuable asset to Piccolo Hair salon?

What made you decide to apply to be part of the Piccolo team?

Employment History (Please give the details of your past places of employment)

Employer's name: _____ Employer's # _____

Duties: _____

Employed from _____ until _____

Reason for leaving: _____

Employer's name: _____ Employer's # _____

Duties: _____

Employed from _____ until _____

Reason for leaving _____

References (Please list 2 non relatives)

Name: _____ Relation: _____ Phone # _____

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Please list any other comments that you feel may better your application