

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