

Style 59 LLC • Naperville, IL 60563 • (630) 848-0100 • Style59salonbarber@gmail.com • www.Style59.com

EMPLOYMENT APPLICATION

INSTRUCTIONS: Complete all necessary information. Please print clearly.		Date
POSITION APPLYING FOR: FULL TIME P	ART TIME	
Massage Therapist	Cosmetologist	
Makeup Artist	Shampoo Assistant	
Esthetician	Barber	
Nail Technician	Assistant	
Intern (School)		
PERSONAL INFORMATION		

Last Name	First Na	me		M.I.	Social Security Number
Date of Birth		Gender			Ethnicity
Mailing Address					
City		State			Zip Code
Home Phone		Work Phone			
Cellphone			Email		
How did you hear about this job opening?					

Have you ever been convicted of a felony? Yes No

(NOTE: No applicant will be denied employment based solely on the grounds of a conviction of a criminal offense. The nature, date and surrounding circumstances of the offense and the relevance of the offense to the position(s) applied for, however, will be considered.)

If yes, please explain fully:		

EDUCATIONAL BACKGROUND/EXPERIENCE		
High School		Location
From To	Did you graduate? Yes No	Course of Study
College or Trade School		Location
From To	Did you graduate? Yes No	Course of Study

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Training /Special Skills	
Seminars	
Awards/Certifications	
Please list any additional knowledge, skills, qualifications, etc., that you think will be he application for employment. (Please use back if additional space is needed).	elpful while we consider your

AREA OF LICENSURE TRAINING			
School You Attended			
Other			
If applicable, do you have an Illinois State Board License/Certification? Yes No			
If no, please explain:			
When did you graduate from school? If still in school, when do you expect to graduate?	When would you be available to work?		

EMPLOYMENT HISTORY				
Company Name:				
Phone	ne		Contact Name	
Address				
City		State		Zip Code
Position Held				
Duties				
Employed From	То		Wage	
Reason for leaving				
				EMPLOYMENT APPLICATION · 3
Company Name:				
Phone			Contact Name	
Address				
City		State		Zip Code
Position Held				
Duties	ı			
Employed From	То		Wage	
Reason for leaving				
List the company names you do NOT wish us to contact:				
Do you have a legal right to be employed in the United States? Yes No				
REFERENCES				
Name:				
Phone		Title		
Address				
Name:				
Phone		Title		

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Address		
Name:		
Phone		Title
Address		
AVAILABILITY: please list all the	hours you	are available to work
MONDAY - CLOSED		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY - CLOSED		
Are you able to work nights? Yes No	List nights a	vailable
If hired, when would you be available to beg	jin work?	
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Please describe your career goals and how	you think Style	e 59 can help you achieve these goals:
Why would you like to be a member of the Style 59 team and describe what qualifications you bring that would enhance the success of Style 59 Salon and Barber.		
Please describe your school experience, and if applicable, your previous salon experience. What achievements and		
awards did you receive and highlight your s	successes:	

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS APPLICATION IS TRUE. I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE A CONTRACT BETWEEN ME AND THIS COMPANY OR THE PROVISION OF ANY BENEFITS. To determine qualifications for employment, I authorize this salon to conduct an investigation of my employment. I understand that any false information furnished by me on this application may result in rejection of the application or if employed by this company, in termination of my employment.

Applicant Signature	Date

*PLEASE ATTACH A COPY OF YOUR RESUME IF YOU HAVE ONE

** We suggest that you provide letters of recommendations or references we can contact.

Please read and initial each paragraph below. Initials indicate that you have read and understand each paragraph.

If there is any section you do not understand, please contact us for clarification prior to initialing.

I certify that all statements made in this application are true, correct and complete to the best of my knowledge.

I further understand that deliberately false and/or misleading information may result in the termination of my employment.

I authorize Style 59 LLC and/or its affiliates to conduct a background/reference check so that hiring decisions may be made. In the event Style 59 is unable to verify any information given on this application, it is my responsibility to provide necessary proof/ documentation.

You may You may not Contact my current employer.

You may You may not Contact the school(s) listed for the release of my educational records.

If accepted for employment with Style 59, I agree to abide by, and uphold, all its policies and procedures. If employed, I understand Style 59 may terminate or modify the employment relationship at any time without prior or written notice/cause. In consideration of my employment, I agree to conform to and comply with all the rules and regulations of Style 59.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and the answers given by me on this application are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application is grounds for immediate discharge, if employed, regardless of time elapsed before discovery.

My signature below certifies that I have both read and understood this entire application and I agree to adhere to all terms and conditions outlined in this document.

Applicant Signature	Date

Style 59 LLC is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place as well as any other categories protected by law are not factors in employment, promotion or work conditions.