



Zora's Styling Salon & Spa

109 W. Champion St.

Bellingham WA 98225

360 527 8587

www.zorassalons.com

Name: _____ Date: _____
Last First Middle

Previous names: _____ Social Security Number: _____

Address: _____
Street City State Zip Code

Phone: _____
Home Message Email

In case of emergency, please contact: _____

Position desired: _____ Location desired: _____ Date available to start: _____

Salary requirements: _____ Full-time: Part-time: Number of hours desired: _____

Do you have any restrictions on hours or travel? _____

Are you over 18? _____ Current salary: _____

Personal goals: _____

May we contact your present employer? _____ If no, please explain: _____

Are you related to anyone that works for Zora's Styling Salon & Spa? _____

Name: _____ Location: _____

Referred by: _____ Location: _____

Have you been employed by Zora's Styling Salon & Spa before? _____ When? _____

Have you been convicted of a felony or misdemeanor or been released from prison in the past 7 years? _____
(This information may not prevent you from being hired.)

If yes, please explain: _____

Will visa or immigration status prevent lawful employment? _____

Have you ever been denied Worker's compensation? _____ How many times? _____ Where? _____ When? _____

References:

List below the names of 3 persons not related to you whom you have known for at least one year.

Name: _____ Address: _____ Phone: _____ Business: _____ Years acquainted: _____

Education Name/Location of school Subjects studied Did you graduate?

High school: _____

College: _____

Other training: _____

Degrees/Certificates earned: _____

Salon/Spa Licensing and Training:

Do you have a valid license in your specialty? _____ What type? _____ State? _____

School: _____ Dates attended: _____

Computer skills:

Skill level: Beginning Intermediate Advanced

Programs and training: _____

Employment History:

Begin with your most recent employer. Include all employment for the past ten years. List any periods and reason for self-employment and/or unemployment. Use additional sheets if necessary.

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Employer: _____ Dates From: _____ To: _____

Address: _____ Phone: _____

Supervisor: _____ May we contact for reference? _____

Position: _____ Starting rate of pay: _____ Final rate of pay: _____

Reason for leaving: _____

Experience learned: _____

Employment Verified: _____ Initials: _____

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Employer: _____ Dates From: _____ To: _____

Address: _____ Phone: _____

Supervisor: _____ May we contact for reference? _____

Position: _____ Starting rate of pay: _____ Final rate of pay: _____

Reason for leaving: _____

Experience learned: _____

Employment Verified: _____ Initials: _____

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Employer: _____ Dates From: _____ To: _____

Address: _____ Phone: _____

Supervisor: _____ May we contact for reference? _____

Position: _____ Starting rate of pay: _____ Final rate of pay: _____

Reason for leaving: _____

Experience learned: _____

Employment Verified: _____ Initials: _____

Please answer with as much detail as possible, and use additional sheets if needed.

Describe the duties and responsibilities of your most recent job: _____

Describe a recent experience in which you did a good job: _____

How do you know when you do a good job? _____

What do you want in a job? _____

What is important to you about working? _____

Describe a project in which you were involved that required a team effort. What specific contributions did you make? _____

Describe the management style you like best. Describe the style with which you are the least comfortable: _____

What do you know about this company, and the position you are applying for? _____

How many days in the last year have you missed work? _____

Zora's Styling Salon & Spa is an equal opportunity employer, and selects the best-matched individual for the job based upon job-related qualifications. All applicants will be given equal consideration regardless of race, age, sex, physical or mental disability, sexual orientation, ancestry, pregnancy or other medical condition, marital status, color, religion, national origin or other protected groups under State, Federal or local equal opportunity laws. Information requested on this application will not be used for any purpose prohibited by law.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment. I understand that I must complete all portions of this application and understand that failure to do so may result in not receiving further consideration for employment.

2. It is my understanding that Zora's Styling Salon & Spa may make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Zora's Styling Salon & Spa and I release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

3. I authorize Zora's Styling Salon & Spa to conduct an investigative report of my personal background and credit history. I understand that they will obtain information concerning my credit reputation from all available sources and in accordance with the Fair Credit Reporting Act.

I agree, if employed, to conform to the rules and regulations of Zora's Styling Salon & Spa.

1. I agree that my employment may be terminated by this company at any time without liability for wages and salary except such as may have been earned at the date of such termination.

2. I understand that if hired, the length of my employment is not guaranteed. Recognizing that I will be free to voluntarily terminate my employment at any time, with or without cause, I acknowledge that the company will be free to terminate my employment at any time, with or without cause.

3. If requested by the management at any time, I agree to submit to search of my person, bags, purse, packages or the locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

4. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Zora's Styling Salon & Spa.

5. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.

6. I agree and consent that any wages which may be due me may be applied against any indebtedness I may have incurred to Zora's Styling Salon & Spa. I understand and agree that any compensation may be withheld for a reasonable time for purposes of calculating amounts owed to me and owed by me. I understand and agree that should I be terminated or resign voluntarily, I will be paid any compensation due me on the next scheduled payday, for the appropriate pay period, after termination.

7. This company reserves the right to conduct pre-employment drug testing.

Disclosure of Confidential Information:

1. I understand that I may be required to sign a confidentiality and/or non-compete agreement should I become an employee of Zora's Styling Salon & Spa.

2. I agree that during the course of my employment with Zora's Styling Salon & Spa I will be provided with valuable techniques and procedures, client referrals, client contacts and business practices.

3. Without the express written authorization of Zora's Styling Salon & Spa, I will not while employed by the Employer, or subsequent to such employment, disclose to anyone outside the employ of Zora's Styling Salon & Spa, or in any way make use of any confidential information pertaining to Zora's Styling Salon & Spa activities or salon business. Confidential information includes, but is not limited to, client lists, client prospect material, price lists, rate structures, client service records and salon appointment books.

4. Upon leaving the employ of Zora's Styling Salon & Spa, I will not, without the express written authorization of Zora's Styling Salon & Spa, take with me in any form the original or any copy of any confidential information as defined in paragraphs 2 and 3, as stated above.

Use of Name Zora's Styling Salon & Spa:

1. I agree that during my employment with Zora's Styling Salon & Spa I will not, without the express written authorization of Zora's Styling Salon & Spa, use the name "Zora's Styling Salon & Spa" in any form in a promotional or commercial manner for the purpose of promoting or advertising cosmetology or spa services and/or products.

2. I agree that I will not at any time after termination of my employment with Zora's Styling Salon & Spa use the name "Zora's Styling Salon & Spa" in any form in a promotional or commercial manner for the purpose of promoting or advertising cosmetology or spa services and/or products.

All information given on this application is true and correct to the best of my knowledge. I have read and understand all the above information contained on this application.

Signature: _____

Date: _____



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I, _____, hereby authorize Zora's Styling Salon & Spa and its agents to make an independent investigation of my background, character, past employment and education. This includes contacting references and other persons, reviewing records maintained by any of these persons, and both public and private organizations. This also includes state worker's compensation information as allowed by federal and state laws. Specific job assignments require sensitive cash and merchandise or information handling. If I am applying or one of these positions, I will be required to authorize Zora's Styling Salon & Spa to do a credit check to be eligible for the job. If I have a negative credit history I may be denied employment in that position. I understand that they will obtain information concerning my credit reputation from all available sources in accordance with the Fair Credit Reporting Act.

The name and addresses of the companies we use for screening are: Courtlink (800) 774-7317, 13427 NE 16th St, Suite 100, Bellevue, WA 98005 and Equifax (800) 685-1111 or (888) 841-7335, P.O. Box 740256, Atlanta, GA 30374.

I release the Company and its agents from any and all liability, claims, or lawsuits relating to the Company's investigation and/or use of information obtained from any or all of the above references and sources. I agree to defend, indemnify, and hold harmless the Company from any and all liability claims or lawsuits which may result, including those from the Company's investigation, or actions taken as a result of its investigation. I understand that the information secured by the Company will be used by the Company.

I understand that failure to reveal any prior employment I have had within the past ten (10) years or the providing of any false information, either on my employment application or this form, may be grounds for termination if the Company employs me.

The following information is true and correct. _____ (Initials)

PLEASE PRINT ALL INFORMATION ON THIS FORM

Last Name First Name Middle Name

Full maiden name, alias or any other name used Date of Birth

Place of Birth Social Security

Driver's License Number Telephone

Current Address City County State Zip Code

How long have you lived in Washington State? _____

Previous Addresses- Past ten (10) years:

I understand the above data is for purposes of identification only.

Signature: _____ Date: _____

Thank you for your interest in joining Zora's Styling Salon & Spa.

Applications are considered active for 30 days.

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