



Employment Application

407 North Fifth Avenue
Ann Arbor, MI 48104
734.663.9344

We are here to build extraordinary relationships with our clients by providing full customer service, superior products and excellence in hair, skin and nail care. We are dedicated, highly skilled team committed to a professional energetic and relaxed atmosphere for our clients.

We CANNOT accept applications submitted by mail or email; please drop off this form and a resume at our front desk during business hours.

PLEASE PRINT

Name		Date
Street		City
State	Zip Code	Social Security Number: - -
Business Phone:		Home Phone:
How were you referred to us?		Name of Source:

TYPE OF WORK DESIRED

Please indicate which position your are applying for:

<input type="checkbox"/> Hair Designer	<input type="checkbox"/> Aesthetician
<input type="checkbox"/> Manicurist	<input type="checkbox"/> Receptionist
<input type="checkbox"/> Assistant	

Do you wish to work:

<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
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If part time, specify hours or days:

What is your minimum salary requirement?

Do you wish to be on

<input type="checkbox"/> Commission	<input type="checkbox"/> Booth Rental
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Date available to work

Do you have any commitments to another employer that might affect your employment with us?

SKILLS

Check the accurate box below to indicate experience in operating the following:

Cash register Computer Multi-line Phone Other:

EDUCATIONAL DATA

School	Print name, number, and street, city, state, and zip code for each school	Years	School	Print name, number, and street, city, state, and zip code for each school	Years
High School			Trade, Business, Night or Corres.		
College			Other		
Graduate School					

EMPLOYMENT HISTORY

List present or most recent employer first. Use another piece of paper if necessary. May we contact these employers? Yes No

Employer 1

Employer		
Address		
Phone	Employed from:	To:
Duties:		
Reason for leaving:		

Employer 2

Employer		
Address		
Phone	Employed from:	To:
Duties:		
Reason for leaving:		

Employer 3

Employer		
Address		
Phone	Employed from:	To:
Duties:		
Reason for leaving:		

Employer 4

Employer		
Address		
Phone	Employed from:	To:
Duties:		
Reason for leaving:		

Even though we ask for a resume, we would like you to fill out this form completely.

AGREEMENT (Please read the following carefully)

I hereby affirm that the information provided on this application (and accompanying resume) is true to the best of my knowledge. I also agree that falsifying information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the business or myself. I understand that no management official other than the officers of Encore Studios has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer, and previous employers and organizations named in this application (and accompanying resume) to provide any relevant information that may be required to arrive at an employment decision.

Signature

Date

For internal use only: