



Belleza Salon Application - Front Desk Support Team

Call: 636-300-3437

Text: 314-363-7629

Email: Mybellezasalon.marketing@gmail.com

****Please Print Information****

Information

Full Name: _____ Contact Name (if
different) _____

Present Street Address _____

City _____ State _____ Zip _____

Home Phone: _____

Cell Phone: _____

Additional contact

info: _____

What position are you applying for:

Tell Us A Little About Yourself

Why have you chosen to apply at Belleza Salon?

Why do you feel you would be an asset to Belleza Salon?

Please list any advanced training you have done

Have you held any leadership positions? I.e. school, employment, clubs etc. _____

If yes briefly describe:

What are some of your goals?

What are some of the goals that you hope to achieve within the next year?

What has prevented you from achieving these goals to date?

What do you consider your strongest points?

What do you consider your weakest points?

Where did you hear about this opportunity?

Are you applying for a job or a career? Job_____ Career_____ Why?

When are you looking to start?

What method of transportation will you use to get to Belleza Salon?

If you were able to qualify for this opportunity, would any of the below be a problem and why?

-Scheduled hours once we have decided your schedule? Yes_____ No_____

-☐Working weekends: Yes___ No ____ If Yes

Why?_____?

-Working evenings: Yes___ No ____ If Yes

Why?_____?

-Showing up to work on time? Yes___ No ____ If Yes

Why?_____?

-Training classes outside of working hours? Yes_____ No_____ If Yes

Why?_____

-Standing on feet? Yes___ No ____ If Yes Why?

Any other information you would like share with us?

Education – High School / Cosmetology / Barber / Other

High School _____ #of years attended _____

Graduate? _____ Year _____ Subjects

studied _____

Cosmetology/Barber

School _____

Graduate? Yes ___ No ___ If Yes month/year _____ If not _____ # hours To Date

College/Trade/Other _____

Graduate? Yes ___ No ___ If Yes month/year _____

Subjects

studied _____

Employment history starting with last employed at first

1. Business

Name: _____

Address: _____

Dates employed: _____ to _____

Supervisor's Name: _____

Job Title: _____

Final rate of pay: _____

Responsibilities:

Reason for leaving:

2. Business

Name: _____

Address: _____

Dates employed: _____ to _____

Supervisor's Name: _____

Job Title: _____

Final rate of pay: _____

Responsibilities:

Reason for leaving:

3. Business

Name: _____

Address: _____

Dates employed: _____ to _____

Supervisor's Name: _____

Job Title: _____

Final rate of pay: _____

Responsibilities:

Reason for leaving:

Are you employed now? Yes___ No___ If yes, can we contact your employer? Yes___ No___

References

3 References not related to you that you have known for 1 year.

	Name	Phone	Business	Years known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application could be grounds for dismissal. I authorize investigation of all statements and agree references listed above may give any information regarding my fitness for employment. I release all parties from all liability for any damage that may result from furnishing this information.

Print _____ Signature _____

Date _____