

KEITH'S HAIRCENTER LLC APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application	
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____		
Last Name	First Name	Middle Name	Social Security Number	
Address Number	Street	City	State	Zip Code
Telephone Number(s)/Best Time to Contact				

If you are under 18 years of age, can you provide required proof of your Eligibility to work? __ Yes __ No

Have you ever filed an application with us before? __ Yes __ No
 If Yes, give date _____

Have you ever been employed with us before? __ Yes __ No
 If Yes, give date _____

Are you currently employed? __ Yes __ No

May we contact your present employer? __ Yes __ No

Do you have reliable transportation to meet any scheduled shift? __ Yes __ No

Are you currently on "lay-off" status and subject to recall? __ Yes __ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Have you been convicted of any crimes within the last 7 Years? Yes No
(Include traffic) Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

ABOUT THE JOB

Which do you prefer? full-time work part-time work If part-time, about how
 Many hours per week? _____

Which will you accept? full-time work part-time work

When could you start working for us? _____ When are you NOT available to work for us?

MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening

EDUCATION

	Name and Address Of school	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Other (Specify)				

For applicants who are in high school state name and telephone number of counselor:

Can you perform all of the essential duties of the job to which you are applying with
 Or without accommodation? If you would require an accommodation, please specify:

EMPLOYMENT EXPERIENCE

Start with your present of last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations with indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

References (not relatives)

1.	_____	_____
	(Name)	(Phone #)

	(Address)	
2.	_____	_____
	(Name)	(Phone #)

	(Address)	
3.	_____	_____
	(Name)	(Phone #)

	(Address)	
4.	_____	_____
	(Name)	(Phone #)

	(Address)	

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/ or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

I understand that as part of the processing procedure for my employment application an investigative report regarding my criminal record, including misdemeanors and traffic violations, may be completed. I also understand that if I am denied a job based on information included in that report, I will be supplied with a copy of that report.

I hereby understand and acknowledge that unless otherwise defined by applicable law any employment relationship with this organization would be of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in denial of employment or discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that as a condition of employment, I may have to undergo a drug/alcohol test and a physical examination. I further agree that I will complete all necessary forms and/or authorizations that may be necessary as part of conducting a drug/alcohol test and physical examination, including an authorization that will allow Keith's Haircenter, LLC to obtain and review the results of any such drug/alcohol test and physical examination.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time

Signature of Applicant

Date

BUSINESS SKILLS

DO YOU HAVE EITHER EDUCATION OR EXPERIENCE OR BOTH IN:

NO YES EDUCATION YES EXPERIENCE

RETAIL SALES

PHONE WORK

CUSTOMER SERVICE

HAIRCOLOR

PERMS

BRAIDING

CLIPPERCUTTING

RAZOR CUTTING

HAIR REPLACEMENT

ARTIFICIAL NAILS

WHAT PROFESSIONAL PRODUCTS HAVE YOU USED?

WHAT AREA OF THE HAIR BUSINESS IS YOUR STRENGTH?

WHAT AREA OF THE HAIR BUSINESS IS YOUR WEAKNESS?

WHAT SPECIFIC SKILLS WOULD YOU OFFER KEITH'S HAIRCENTER LLC ?

