

Place company stamp here

This company is doing business as:

Sweet & Sassy®

Employment Application

An Equal Opportunity Employer

Sweet & Sassy and authorized franchisees are an equal opportunity employer, and as a matter of policy, do not discriminate on the basis of race, color, gender, national origin, ancestry, religion, age, disability, and any other legally protected status. Information provided on this application will not be used for any discriminatory purposes. Sweet & Sassy and authorized franchisees comply with all applicable federal and state non-discrimination laws and regulations. Sweet & Sassy and authorized franchisees will provide reasonable accommodations in the application or interviewing process. If you need a reasonable accommodation in the application or interviewing process, please contact the company listed above.

Personal Information: Please print all information requested except signature.

						/ /	
Last Name			First Name			Middle Initial	Date of Birth
Present Address				City		State	ZIP Code
()		()					
Telephone Number			Alternate Contact Number			Email Address	
			\$ _____ per _____				
Position Applying For			Desired Salary			Cosmetologist License # (if applicable)	
_____ Full-time _____ Part-time _____ Full or Part-time							
Employment Desired (check one)						When Are You Available To Begin?	

Days/Hours Available To Work (list below)

							____ No Preference
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	

Type of School	Name of School	Address	Number of Years	Major or Degree
High School				
College				
Business or Trade				
Professional				
Other				

If hired, can you provide the necessary documents of your U.S. citizenship or proof of your legal right to live and work in this country? ____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No

If yes, please state the nature of the crime(s), when and where convicted:

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

Work Experience: Please list your work experience for the past three employers beginning with the most recent job held. If you were self-employed, give firm name.

		()
1) Name of Employer	Address	Phone Number
From: To:		\$ _____ per ____
Employment Dates	Job Title	Pay or Salary
		____ Yes ____ No
Name of Supervisor	Reason for Leaving	May We Contact This Employer?
List duties performed, skills used or learned:		

		()
2) Name of Employer	Address	Phone Number
From: To:		\$ _____ per ____
Employment Dates	Job Title	Pay or Salary
		____ Yes ____ No
Name of Supervisor	Reason for Leaving	May We Contact This Employer?
List duties performed, skills used or learned:		

		()
3) Name of Employer	Address	Phone Number
From: To:		\$ _____ per ____
Employment Dates	Job Title	Pay or Salary
		____ Yes ____ No
Name of Supervisor	Reason for Leaving	May We Contact This Employer?
List duties performed, skills used or learned:		

References

List below three persons not related to you who have knowledge of you and/or your work performance within the last three years.

Name	Address & Phone	Occupation	# of Yrs Acquainted

Did you complete this application yourself? ____ Yes ____ No If not, who helped? _____

Application Information Release: I hereby state that the information I have given is true and correct to the best of my knowledge. I authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Sweet & Sassy®, or this franchisee, any former employers, educational institutions, and any other persons giving references free from liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

	/ /
Signature	Date

For Office Use Only

This section to be completed by the hiring manager only after job offer is made.

- -	/ /
Social Security Number	Date of Birth
	/ /
Job Title	Date of Hire
\$ _____ Per _____	
Hourly/Annual Rate	

Emergency Contact Information

First Name		
Last Name		
Relationship		
Street Address		
City	State	Zip Code
()	()	
Primary Telephone #	Secondary Telephone #	