



Barber Lounge Application for Employment

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

Please also attach copy of resume/cover letter with application.

Complete form and return via email to: kimberlyclay2016@gmail.com or in person to Kevin Clay at 5630 Main Street Sylvania, OH 43560.

Personal Information

First Name _____

Middle Name _____

Last Name _____

Street Address _____

City, State, Zip Code _____

Phone Number (____) _____

Email _____

Have you ever applied to / worked for Company before? Y or N

If yes, please explain (include date):

Do you have any friends, relatives, or acquaintances working for Company? Y or N

If yes, state name & relationship:

If hired, would you have transportation to/from work? Y or N

Are you over the age of 18? Y or N

If you are under age 18, do you have an employment/age certificate? Y or N



If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

Have you been convicted of or pleaded no contest to a felony within the last five years?
 Y or N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

If hired, are you willing to submit to and pass a controlled substance test? Y or N

Position Applied For: _____

Salary desired: \$ _____

Are you applying for:

- Temporary work – such as summer or holiday work? Y or N
- Regular part-time work? Y or N
- Regular full-time work? Y or N

Days/Hours Available

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Hours Available: from _____ to _____

If applying for temporary work, when will you be available: _____

If hired, on what date can you start working? ___ / ___ / ___



Can you work on the weekends? Y or N

Can you work evenings? Y or N

Are you available to work overtime? Y or N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?

Y or N

If no, describe the functions that cannot be performed

Are you currently licensed in the State of Ohio for Cosmetology/Barbering?

Education, Training and Experience

High School:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma earned: _____

College / University:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? Y or N

Degree / diploma earned: _____



Vocational School:

Name: _____

Address: _____

City, state, zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / diploma? : _____

Military:

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/duties: _____

Related details: _____

Skills and Qualifications: Licenses, Skills, Training, Awards

Do you speak, write or understand any foreign languages? [] Y or [] N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.

Employment History

You should be prepared to detail each position for the past five years, and account for any gaps in employment during that period.

Are you currently employed? [] Y or [] N

If you are currently employed, may we contact your current employer? [] Y or [] N



Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: [_____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving:

Previous Positions:

Include for each employer/position for the past five years:

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: [_____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving:



Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: [_____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving:

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: [_____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving:



References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____

