



Application for employment

1721 Connecticut Ave NW
Washington, DC 20009
202 232 6473/6375

****Please print information****

Date: _____

Position Applying For:

- Front Desk
- Esthetician
- Massage Therapist
- Hairstylist
- Support Staff/Housekeeping
- Nail Technician
- Makeup Artist/Cosmetologist
- Other

Are you licensed by the State of VA, DC, MD? Indicate: _____

- Esthetician
- Massage Therapist
- Hairstylist
- Support Staff/Housekeeping
- Nail Technician
- Makeup Artist/Cosmetologist
- Other

Required Identification:

- Valid Driver's License or State ID
- Social Security Card
- Working Permit

Personal Information

Full Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Home Phone: _____

Email: _____

Emergency Contact Name and Phone: _____

Are You a US Citizen? Yes _____ No _____ Alien _____ Student _____ Other _____

Have you ever been convicted of any crime? Yes _____ No _____

Have you ever been convicted for substance abuse? Yes _____ No _____ If Yes explain?

Are you applying for:

- Temporary work – such as summer or holiday work? Yes _____ No _____
- Regular part-time work? Yes _____ No _____
- Regular full-time work? Yes _____ No _____

What days and hours are you available for work? _____

If applying for temporary work, when will you be available?

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

Have you ever applied to / worked for Company before? Yes _____ No _____
If yes, please explain (include date): _____

SS#: _____
DL #: _____
Issuing State: _____
Expiration Date: _____

Do you have any friends, relatives, or acquaintances working for Company? Yes _____ No _____
If yes, state name & relationship: _____

If hired, would you have transportation to/from work? Yes _____ No _____

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Yes _____
No _____

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? Yes _____ No _____

If hired, are you willing to submit to and pass a controlled substance test? Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying, either with / without
reasonable accommodation? Yes _____ No _____

If no, describe the functions that cannot be performed

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes _____ No _____

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

Section 2

What position are you applying for:

Why have you chosen to apply at Spa Logic?

How did you hear about us?

Why do you feel you would be an asset to Spa Logic?

What are your best characteristics?

Are you able to multitask?

Are you a licensed cosmetologist / barber? _____ # _____ State _____

If so have you attended advance training? Yes _____ No _____

Please list any advanced training

Have you held any leadership positions? I.e. school, employment, spa, salon, etc..

If yes briefly describe _____

What are some of your goals?

What are some of the goals that you hope to achieve at Spa logic?

Section 3

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? _____

Working holiday's hours? Yes ___ No ___ If Yes Why? _____

Show up to work on time? Yes ___ No ___ If Yes Why? _____

Training classes outside of working hours? Yes _____ No _____ If Yes Why? _____

Providing own model for classes? Yes ___ No ___ If Yes Why? _____

Standing on feet? Yes ___ No ___ If Yes Why? _____

Are you applying for a job or a career? Job _____ Career _____ Why? _____

If licensed, of the services we offer which do you not feel qualified to perform?

What do you consider your strongest points? _____

What do you consider your weakest points? _____

What method of transportation will you use to get to and from work?

Section 4

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 _____

Section 5

Employment history starting with the last one first

Business Name _____

Address _____

Dates employed _____ to _____ Supervisor's Name _____

Job Title _____ Final rate of pay _____

Responsibilities _____

Reason for leaving _____

Business Name _____

Address _____

Dates employed _____ to _____ Supervisor's Name _____

Job Title _____ Final rate of pay _____

Responsibilities _____

Reason for leaving _____

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 _____

Section 6

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.

Signature _____ Date _____