

Kinks Be Gone Hair Factory



**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**



**APPLICATION**

**PLEASE COMPLETE PAGES 1-5.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 and booth fee desired (2) \_\_\_\_\_  
 (Be specific)

No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Contract/Employment desired  FULL-TIME ONLY  DAILY  WEEKEND ONLY

When are you available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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DO YOU HAVE A COSMETOLOGIST LICENSE?  Yes  No

Have you provided a copy? \_\_\_\_\_

License number \_\_\_\_\_ State of issue \_\_\_\_\_  
Expiration date \_\_\_\_\_

Is your license current? \_\_\_\_\_

Have you had any complaints during the past three years? \_\_\_\_\_ How Many? \_\_\_\_\_

**Receptionist  
ONLY**

Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> Yes <input type="checkbox"/> No	Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Mac <input type="checkbox"/>	Other Skills	_____	_____	_____	_____

Please list two references other than relatives. You may include previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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Security only

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name.    **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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		From To	Start Final
	Your last job title		

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Kinks Be Gone Hair Factory (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of working relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an independent contractor of           KBGHF          , or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner of the Company. Both the undersigned and KBGHF may end the working relationship at any time, without specified notice or reason. If hired, I understand that the Company may unilaterally change or revise their policies and procedures and such changes may include reduction in work force.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that may provide for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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**POST EMPLOYMENT INFORMATION FORM**

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED (Not required)

Height \_\_\_\_\_ ft. \_\_\_\_\_ in.                      Weight \_\_\_\_\_                      Birth date \_\_\_\_\_  
 Married  Yes  No    If married, how long? \_\_\_\_\_                       Single     Separated     Divorced     Widowed  
 Full name of spouse \_\_\_\_\_                      Occupation \_\_\_\_\_  
 Name of company \_\_\_\_\_                      Telephone ( \_\_\_\_\_ )

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name \_\_\_\_\_                      Telephone ( \_\_\_\_\_ )  
 Address \_\_\_\_\_                      Relationship \_\_\_\_\_

**FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS**

NAME	RELATIONSHIP	BIRTH DATE	SSN

TO BE COMPLETED  
BY EMPLOYER

Date of employment \_\_\_\_\_                      Job title \_\_\_\_\_                      Dept. \_\_\_\_\_  
 Location \_\_\_\_\_                      Rate of pay \_\_\_\_\_                       Full-time     Part-time      
 Salaried  
 Applicant's signature acknowledging above information \_\_\_\_\_  
 License number if applicable) \_\_\_\_\_  
 Name of person verifying information \_\_\_\_\_  
 Name of person authorizing employment \_\_\_\_\_

## Applicant Selection Criteria Record

<b>JOB TITLE</b>			
<b>CANDIDATES CONSIDERED (INCLUDING MINORITIES AND FEMALES)</b>			
<b>NAME</b>	<b>MALE/ FEMALE</b>	<b>ETHNIC CODE*</b>	<b>Portfolio</b>
<b>*ETHNIC CODES: 1-BLACK, 2-ORIENTAL, 3-HISPANIC, 4-AMERICAN INDIAN, 0-OTHER</b>			
<b>CANDIDATE SELECTED</b>			
<b>NAME</b>	<b>MALE/ FEMALE</b>	<b>ETHNIC CODE</b>	<b>SOURCE</b>
<b>SELECTION CRITERIA</b>			
<b>REASONS CANDIDATE SELECTED WAS PREFERABLE TO OTHERS (Model/Skills Testing)</b>			
	<b>ORIGINATOR'S SIGNATURE</b>	<b>DATE</b>	