



3 Eves Drive • Suite 305 • Marlton, NJ 08053

APPLICATION FOR EMPLOYMENT - Page 1 of 4

An Equal Opportunity Employer

Senior Salon Services, LLC provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, genetic information, or status as a Vietnam-era, special disabled veteran, or other covered veteran, or on any other legally protected basis in accordance with applicable federal laws and state laws.

(PLEASE PRINT)

Name: _____ Today's Date: _____

Contact Information

Current Address: _____

Phone Number: _____ Email Address: _____

Stylist Information

Cosmetology License #: _____ State: _____ Expiration Date: _____

Availability

Date Available to Start: _____

Please indicate the days and hours you are available:

Monday	Tuesday	Wednesday	Thursday	Friday

Have you ever applied for a position with us? Yes No

If yes, when? _____

Do you have any relative or friends working here? Yes No

If yes, state identity and relationship: _____

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Are you currently employed? Yes No

Have you ever been employed by Classic Hair Care? Yes No

Are you at least 18 years of age? Yes No

Are you able to perform in a reasonable and safe manner each essential job function and requirement of the job for which you are applying? Yes No

Have you ever been terminated from a job? Yes No

If yes, please explain: _____

Present or last employer: _____

Employed from (mo/yr): _____ To (mo/yr): _____

Position: _____ Salary: _____

Supervisor: _____ Phone: _____

May we contact this employer? Yes No

Previous/other employer: _____

Employed from (mo/yr): _____ To (mo/yr): _____

Position: _____ Salary: _____

Supervisor: _____ Phone: _____

May we contact this employer? Yes No

REFERENCES (NOT employers or relatives – at least 3)

Name	Phone Number	How you know them

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PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

1. I authorize Senior Salon Services, LLC to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and Senior Salon Services, LLC from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Senior Salon Services, LLC.

Initials:

2. I also authorize Senior Salon Services, LLC to secure criminal, motor vehicle, and financial and credit information through an appropriate agency, and I understand that, upon my written request made within a reasonable period of time, the agency providing a consumer credit report to Senior Salon Services, LLC will provide me with a complete description of the nature and scope of the credit report investigation.

Initials:

3. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials, motor vehicle driving record (if applicable), and employment references.

Initials:

4. I authorize Senior Salon Services, LLC to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release Senior Salon Services, LLC from any and all liability for providing this information.

Initials:

5. In the event of employment or an offer of employment, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of the job for which I am hired or being considered for any future job.

Initials:

6. I hereby agree to submit to any drug, alcohol or other testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action up to and including discharge.

Initials:

7. I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizenship status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

Initials:

8. I agree and understand that any offer of employment I may receive is contingent upon my successful completion of Senior Salon Services, LLC's pre-employment, post offer, screening process including any pre-employment, post offer, physical examination that may be required.

Initials:

9. In the event of my employment with Senior Salon Services, LLC, I will comply with all rules, regulations and policies of Senior Salon Services, LLC.

Initials:

10. I understand that nothing in this employment application, Senior Salon Services, LLC's policy statements, personnel guidelines, or in my communications with any Senior Salon Services, LLC official is intended to create an employment contract between Senior Salon Services, LLC and me. I also understand that Senior Salon Services, LLC has the right to modify its policies, procedures, benefits, etc. without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Senior Salon Services, LLC. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason I think is appropriate. I also understand that Senior Salon Services, LLC retains the right to terminate my employment at any time for any reason Senior Salon Services, LLC believes is appropriate.

Initials:

11. I certify that all of the information I have provided on this application for employment is true and complete. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if Senior Salon Services, LLC has not employed me and for immediate dismissal if Senior Salon Services, LLC has employed me.

Initials:

I hereby acknowledge that I have read, understand and agree to the preceding 11 statements.

Signature of Applicant

Date

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Office Use Only

START DATE:	_____	COMMUNITY:	_____
DAYS WORKING:	_____		
COMMISSION:	_____		
Driver's License:	_____	Cosmetology License:	_____
Social Security Card:	_____	Or...	_____
Completed I9	_____		
Completed W4	_____		
Contract Signed	_____		