

Salon Suites Application
Please Read Carefully & Complete The Entire Form



Isla Salon Suites
607 Pinnacle Drive, Suite D, Papillion, Nebraska 68046
402-996-0042
www.IslaSalonSuites.com

APPLICANT INFORMATION

FULL NAME:

ADDRESS:

DATE OF BIRTH:

PHONE NUMBER:

EMAIL ADDRESS:

SOCIAL MEDIA:

PREFERRED METHOD OF COMMUNICATION:

DESIRED DATE OF OCCUPANCY:

DESIRED LEASE TERM:

TYPE OF SERVICES PROVIDED:

PROFESSIONAL LICENSE NUMBER:

TYPE OF LICENSE & RENEWAL DATE:

GRADUATING SCHOOL NAME:

GRADUATION YEAR:

SCHOOL CONTACT:

ABOUT/FAVORITES/INTERESTS

ANIMAL:

BRAND:

COLOR:

DESTINATION:

HOBBY:

MUSIC:

SCENT:

STORE:

TEAM:

RESTAURANT:

MEAL:

SNACK:

CANDY:

DESSERT:

DRINK:

I AM PASSIONATE ABOUT:

I RELAX BY:

I CAN'T LIVE WITHOUT:

I LIKE TO RECEIVE RECOGNITION (CIRCLE/NOTE)

PUBLIC: ANNOUNCE TO EVERYONE | PRIVATE: PERSONAL ONE ON ONE

OTHER:IF I FOUND A GIFT CARD AT EACH PRICE I WOULD SPEND IT AT THIS PLACE/STORE:

\$5:

\$25:

\$50:

PROFESSIONAL EXPERIENCE

CURRENT/PREVIOUS TYPE OF EMPLOYMENT (CIRCLE ALL THAT APPLY)

SALARY | COMMISSIONED | LEASED CHAIR | SALON SUITES | OTHER

SALON NAME(S):

SALON/LANDLORD CONTACT(S):

TIMELINE (START DATES/END DATES):

LIST ANY ADVANCED TRAINING COURSES OR EDUCATIONAL CONFERENCES YOU HAVE ATTENDED:

ANY ADDITIONAL NOTES OR INFORMATION YOU WOULD LIKE TO SHARE WITH US

SIGNATURE:

DATE:

Please Sign & Return The Completed Form To Us

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