

**SALON SUITE APPLICATION**

ISLA SALON SUITES  
607 PINNACLE DRIVE, SUITE D, PAPIILLION, NEBRASKA 68046  
WWW.ISLASALONSUITES.COM  
402-996-0042



— PLEASE READ CAREFULLY, COMPLETE, SIGN & RETURN —

## **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:**

**RETURN THE COMPLETED APPLICATION FORM IN PERSON OR VIA EMAIL**

**PLEASE REACH OUT TO US WITH ANY QUESTIONS**

