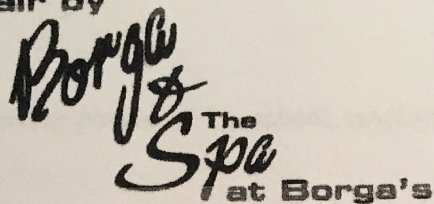


Hair by



**Application for Employment**

580 Pittsburgh Street  
Springdale, PA 15144  
724-274-6700

*\*\*Please print information\*\**

**PERSONAL INFORMATION**

Full name: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Additional contact info: \_\_\_\_\_

What position are you applying for: \_\_\_\_\_

Why have you chosen to apply at Hair by Borga? \_\_\_\_\_

\_\_\_\_\_

Why do you feel you would be an asset to Hair by Borga?

\_\_\_\_\_

\_\_\_\_\_

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, clubs etc..

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes briefly

describe \_\_\_\_\_

What are some of your goals? \_\_\_\_\_

What are some of the goals that you hope to achieve within the next year?

What has prevented you from achieving these goals to date? \_\_\_\_\_

### Education – Highschool / 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 \_\_\_\_\_



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? \_\_\_\_\_
- 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 Hair by Borga?



## EMPLOYMENT HISTORY

*(Employment history starting with your most recent Employment)*

EMPLOYER	JOB TITLE	HIRING DATE	PAY RATE
		/	
		/	
ENDING DATE	CONTACT NAME/NUMBER	REASON FOR LEAVING	
/			
/	(   )   -		

EMPLOYER	JOB TITLE	HIRING DATE	PAY RATE
		/	
		/	
ENDING DATE	CONTACT NAME/NUMBER	REASON FOR LEAVING	
/			
/	(   )   -		

EMPLOYER	JOB TITLE	HIRING DATE	PAY RATE
		/	
		/	
ENDING DATE	CONTACT NAME/NUMBER	REASON FOR LEAVING	
/			
/	(   )   -		

EMPLOYER	JOB TITLE	HIRING DATE	PAY RATE
		/	
		/	
ENDING DATE	CONTACT NAME/NUMBER	REASON FOR LEAVING	
/			
/	(   )   -		

EMPLOYER	JOB TITLE	HIRING DATE	PAY RATE
		/	
		/	



ENDING DATE	CONTACT NAME/NUMBER	REASON FOR LEAVING	
/	( ) -		



## REFERENCES

*(References not related to you that you have known for at least 1 year.)*

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN
	(       )       -		
	(       )       -		
	(       )       -		

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 \_\_\_\_\_

Print Name \_\_\_\_\_