



EMPLOYMENT APPLICATION

Personal Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_
E-mail Address: \_\_\_\_\_

Have you applied to the Charles Penzone Family of Salons in the past? [ ] Yes [ ] No

Employment Desired:

Position: \_\_\_\_\_ Desired Pay: \_\_\_\_\_
Hours Per Week: [ ] Full Time (25+ hours/week) [ ] Part Time (15 hours/week minimum) [ ] Seasonal
Date Available to Begin Working: \_\_\_\_\_
Days Available & Hours: (ex: 9am - 1pm, 1pm - 9pm, any)
Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Do you have reliable transportation to all of our locations? [ ] Yes [ ] No

Are you willing to:
Attend occasional evening or weekend training classes or meetings? [ ] Yes [ ] No
Relocate in Columbus? [ ] Yes [ ] No
Sign an employment agreement? [ ] Yes [ ] No

Have you ever worked for the Charles Penzone Family of Salons before? [ ] Yes [ ] No
If yes, Position: \_\_\_\_\_ Location: \_\_\_\_\_
Dates: \_\_\_\_\_ to \_\_\_\_\_

Why did you leave the Charles Penzone Family of Salons? \_\_\_\_\_

Employment:

Are you currently employed? [ ] Yes [ ] No
If yes, what is your Employer's Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_
Supervisor's Name: \_\_\_\_\_
Supervisor's Phone: \_\_\_\_\_

May we Contact your current employer? [ ] Yes [ ] No
Reason for Leaving: \_\_\_\_\_

Previous Employers:

Name of Employer: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Previous Employers: (continued)**

Name of Employer: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Education:**

Please list schools and colleges attended and degrees earned.

Schools Degrees/Honors/Awards Graduate  
\_\_\_\_\_  Yes  No  
\_\_\_\_\_  Yes  No

College Degrees/Honors/Awards Graduate  
\_\_\_\_\_  Yes  No  
\_\_\_\_\_  Yes  No

If applying for Hair Professional, Nail Professional, Esthetician, or Massage Therapist, please list your Ohio license number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**References:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

**General Information:**

Have you ever been convicted of a crime or violation other than a minor traffic infraction?  Yes  No  
If yes, please explain (A conviction of a crime is not an automatic bar to employment – all circumstances will be considered).

\_\_\_\_\_  
\_\_\_\_\_

Please share how past performance and experience will be helpful to the job for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER:** It is our policy to abide by all Federal, State, and local laws prohibiting employment discrimination on the basis of race, color, creed, national origin, religion, ancestry, age, sex, marital status, or disability. Your response will not be used as a basis for discrimination, but will be judged on relevance to the position you will be seeking. Equal access to employment is available to all persons.

I certify that all answers given by me are true, accurate and complete. I authorize investigation of all statements contained in this application. I understand that the falsification, misrepresentation or omission of facts will be cause for denial of employment or immediate termination of employment, regardless of when discovered. Further, I understand and agree that my employment is for no definite period, and may, regardless of the date of payment of my wages, be terminated at any time without any previous notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: This application will be kept on file for one (1) year. Kindly note, this application will be given every consideration, but its receipt does not imply that the applicant will be employed. If your application is selected, one of our recruiters will contact you to schedule an interview. Thank you!**