

ÉLAN

Brook 35 2150 Hwy 35, Sea Girt, NJ 08750
(732) 449-9122

Personal Information

Full Name: _____

Contact Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Other Phone: _____

Additional Contact Info: _____

What position are you applying for: _____

Why have you chosen to apply at Élan?

Why do you feel you would be an asset to Élan?

Are you a licensed cosmetologist / barber? Yes _____ No _____

#: _____ State: _____

Do you have a permit? Yes _____ No _____

If so, have you attended advance training? Yes _____ No _____

Please list any advanced training

Have you held any leadership positions? (ie. school, employment, clubs) 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?

What is your impression of Élan?

If you were able to qualify for this opportunity, would any of the below be a problem?

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/meetings 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 servies we offer, which do you not feel qualified to perform?

What do you consider you strongest points?

What do you consider your weakest points?

Education

High School: _____ # Years Attended: _____

Graduate? Yes _____ No _____ If yes, year: _____

Subjects studied: _____

Cosmetology/Barber School: _____

Graduate? Yes _____ No _____ If yes, month/year: _____

If not, why? _____ # Hours to Date: _____

College/Trade/Other: _____

Years Attended: _____ Graduate? Yes _____ No _____

Year: _____ Major: _____

Employment History - starting with most recent

Business: _____

Address: _____

Phone: _____ Dates Employed: _____ to _____

Supervisors Name: _____ Job Title: _____

Final Rate of Pay: _____ Responsibilities: _____

Reason for Leaving: _____

Business: _____

Address: _____

Phone: _____ Dates Employed: _____ to _____

Supervisors Name: _____ Job Title: _____

Final Rate of Pay: _____ Responsibilities: _____

Reason for Leaving: _____

Business: _____

Address: _____

Phone: _____ Dates Employed: _____ to _____

Supervisors Name: _____ Job Title: _____

Final Rate of Pay: _____ Responsibilities: _____

Reason for Leaving: _____

Are you employed now? Yes _____ No _____

If yes, can we contact your employer? Yes _____ No _____

References

List 3 references not related to you that you've known at least 1 year.

	Name	Phone	Business	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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: _____
