

**Tigerlilie Salon**  
**Application for employment**  
773-506-7870

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

**Personal information**

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

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

\_\_\_\_\_

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

Zip \_\_\_\_\_

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

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

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

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

Why have you chosen to apply at Tigerlilie  
Salon? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you feel you would be an asset to Tigerlilie Salon?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Are you a licensed cosmetologist / barber?

\_\_\_\_\_ # \_\_\_\_\_ State \_\_\_\_\_

If so have you attended advance training? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any advanced

training \_\_\_\_\_

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Have you held any leadership positions? I.e. school, employment, clubs

etc.. \_\_\_\_\_ If yes briefly

describe \_\_\_\_\_

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What are some of your

goals? \_\_\_\_\_

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

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

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

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**Tigerlilie Salon Employment Application**

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? \_\_\_\_\_

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Providing own model for classes? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes

Why? \_\_\_\_\_

Standing on feet? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Why?

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Are you applying for a job or a career? Job \_\_\_\_\_ Career \_\_\_\_\_

Why? \_\_\_\_\_

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If licensed, of the services we offer which do you not feel qualified to perform? \_\_\_\_\_

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What do you consider your strongest points?

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What do you consider your weakest points? \_\_\_\_\_

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What method of transportation will you use to get to Tigerlilie Salon? \_\_\_\_\_

**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 ToDate

College/trade/other \_\_\_\_\_

**Tigerlilie Salon Employment Application**

**Employment history starting with the last one first**

**Business**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

\_\_\_\_\_

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Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors  
Name \_\_\_\_\_

Job Title \_\_\_\_\_ Final rate of  
pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

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Reason \_\_\_\_\_ for  
leaving \_\_\_\_\_

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**Business**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_  
\_\_\_\_\_

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Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors  
Name \_\_\_\_\_

Job Title \_\_\_\_\_ Final rate of  
pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

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Reason \_\_\_\_\_ for  
leaving \_\_\_\_\_

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

**Business**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_

**3 References not related to you that you have known for 1 year.**

Name	Phone	Business	Years known
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\_\_\_\_\_

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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 \_\_\_\_\_

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