



ELAN Hair

ELAN Skin

ELAN Germantown

ELAN Restore

# Employment Application

Position Desired: \_\_\_\_\_ Application Date: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Presently Employed: Yes  No  Pay Desired: \_\_\_\_\_

Location Desired (please circle)

ELAN Hair ELAN Skin

ELAN Germantown ELAN Restore

Date Available: \_\_\_\_\_

Have you applied here before?

Yes  No

If yes, position & date of application?

Can you submit verification of your identity and legal right to work in the United States?

Yes  No

Position Desired:

- Stylist
- Hair Apprentice
- Shampoo Tech
- Aesthetician
- \_\_\_\_\_

Employment Type Desired:

Full Time  Part Time

Are you 18 years of age or older?

Yes  No

If under age 18, do you have a work permit?

Yes  No

What prompted you to apply at ELAN?

- Advertisement
- Website
- Social Media
- Referral: \_\_\_\_\_

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

Have you ever been convicted of a felony? (Do not include convictions that have been sealed, expunged or statutorily eradicated).

Yes  No

## Qualifications

Certified Position:

Licenses/Certifications:

\_\_\_\_\_

State License Number:

(Please include State)

\_\_\_\_\_

Other:

\_\_\_\_\_

Qualifications and Special Skills:

\_\_\_\_\_

## Education and Training

High School

\_\_\_\_\_

City

\_\_\_\_\_

State

Did you graduate?

Yes  No  Not Yet

Date

\_\_\_\_\_

College

\_\_\_\_\_

City

\_\_\_\_\_

State

Did you graduate?

Yes  No  Not Yet

Date

\_\_\_\_\_

Industry Academy (Beauty/Aesthetics)

\_\_\_\_\_

City

\_\_\_\_\_

State

Did you graduate?

Yes  No  Not Yet

Date

\_\_\_\_\_

Other Training, Education, Etc:

\_\_\_\_\_

## Employment History

Please list current or most recent employment first.

Employer	Date Hired	Date Departed	Supervisor Name	Position
_____				
Phone: _____	Salary: _____		May we contact your current employer?	
Job Responsibilities: _____				<input type="checkbox"/> Yes
Reason for Leaving: _____				<input type="checkbox"/> No

Employer	Date Hired	Date Departed	Supervisor Name	Position
_____				
Phone: _____	Salary: _____			
Job Responsibilities: _____				
Reason for Leaving: _____				

Employer	Date Hired	Date Departed	Supervisor Name	Position
_____				
Phone: _____	Salary: _____			
Job Responsibilities: _____				
Reason for Leaving: _____				

## References

Please provide contact information for three individuals not related to you.

Name	Phone	Relationship to you	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I certify that the facts in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

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