



It is the policy of The Matrix Salon & Spa to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Number of years at this address: _____

Home phone: _____ Cell phone: _____

Work phone: _____ (provide only if we may contact you at this number)

Email Address: _____

- Position Applied For:
- _____ Manicurist/Nail Professional
 - _____ Esthetician
 - _____ Massage Therapist
 - _____ Makeup Artist
 - _____ Airbrush Tan Provider
 - _____ Lash Extension Provider
 - _____ Receptionist

Salary Desired: \$_____ per _____

Who referred you to us? _____

Have you applied here before? _____ Yes / _____ No

If yes, when? _____

Are you at least 18 years of age? _____ Yes / _____ No

Hours willing to work: ___-___ Tuesday / ___-___ Wednesday / ___-___ Thursday / ___-___ Friday / ___-___ Saturday

When are you able to begin working? _____

Are you legally eligible for employment in the United States? _____ Yes / _____ No

Previous Employment:

Dates _____ Company _____ Position _____

Reason for leaving? _____

May we contact this employer? _____ Yes / _____ No Phone number _____

Dates _____ Company _____ Position _____

Reason for leaving? _____

May we contact this employer? _____ Yes / _____ No Phone number _____

Dates _____ Company _____ Position _____

Reason for leaving? _____

May we contact this employer? _____ Yes / _____ No Phone number _____

Skills – please rate your ability. 1 represents poor ability, 5 represents exceptional ability.

_____ Customer Service	_____ Answering Phones	_____ Retail Sales
_____ Typing	_____ Home Care recommendations	
_____ Problem Solving	_____ Appointment Scheduling	_____ Sell yourself

List all skills you possess and would like to share:

College/University Name: _____ Did you receive a degree? __Y/__N

Degree: _____

High School / GED Name: _____ Did you receive a diploma? __Y/__N

Other training: _____

Awards, Honors, Achievements:

List any two people who would be willing to provide a reference for you:

Name: _____ Phone: _____

Address: _____ Relationship: _____

City, State, Zip: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

City, State, Zip: _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize The Matrix Salon & Spa to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of The Matrix Salon & Spa, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

