

Lease Application & Agreement



Please read carefully, fill out the form, sign and return.

Application for Lease

DATE OF APPLICATION _____ INTERVIEWED BY _____
APPLICANTS NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
CELL PHONE _____ HOME PHONE _____ EMAIL _____
SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____ GENDER _____
DRIVERS LICENSE _____ D.L. STATE _____
PROFESSIONAL LICENSE NUMBER _____ RENEWAL DATE _____
TYPE OF LICENSE: COSMETOLOGIST___ BARBER___ NAIL TECH___ ESTHETICIAN___ OTHER___
GRADUATING SCHOOL NAME _____ CITY _____
STATE _____ DATE OF GRADUATION _____ SCHOOL CONTACT _____

PROFESSIONAL EXPERIENCE

PRESENT: TYPE OF EMPLOYMENT (**CIRCLE THOSE THAT APPLY**) SALARY- COMMISSIONED- LEASED CHAIR

SALON NAME _____

START AND END DATE FROM _____ TO _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CONTACT PERSON _____

IS THERE ANY REASON WE SHOULD NOT CONTACT THIS PERSON (YES ___ NO ___)

(Explain) _____

PREVIOUS:TYPE OF EMPLOYMENT (**CIRCLE THOSE THAT APPLY**) SALARY-COMMISSIONED- LEASED CHAIR

SALON NAME _____

START AND END FROM _____ TO _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CONTACT PERSON _____

IS THERE ANY REASON WE SHOULD NOT CONTACT THIS PERSON (YES ___ NO ___)

(Explain) _____

SALON NAME _____

START AND END DATE FROM _____ TO _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CONTACT PERSON _____

IS THERE ANY REASON WE SHOULD NOT CONTACT THIS PERSON (YES ___ NO ___)

(Explain) _____

SALON NAME _____

START AND END DATE FROM _____ TO _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CONTACT PERSON _____

IS THERE ANY REASON WE SHOULD NOT CONTACT THIS PERSON (YES ___ NO ___)

(Explain) _____

SALON NAME _____

START AND END DATE FROM _____ TO _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CONTACT PERSON _____

IS THERE ANY REASON WE SHOULD NOT CONTACT THIS PERSON (YES ___ NO ___)

(Explain) _____

DO YOU USE SOCIAL MEDIA PLATFORMS (YES ___ NO ___) IF YES, PLEASE PROVIDE YOUR HANDLES FOR:

INSTAGRAM _____

FACEBOOK _____

OTHER _____

LIST ANY ADVANCED TRAINING COURSES OR EDUCATIONAL CONFERENCES YOU HAVE ATTENDED:

DESIRED DATE OF OCCUPANCY _____

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN? YES NO

*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES NO

*IF YES, WRITE THE START AND END DATE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

*IF YES, PLEASE EXPLAIN: _____

NOTES : _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

PERSONAL REFERENCES

FULL NAME: _____ RELATIONSHIP: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

E-MAIL: _____ PHONE: _____

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____