Ultimate Hair & Spa - Professional Application Form

Commission | Chair Rental | Suite Rental

Address: 702 N Hwy 47, Warrenton, MO 63383

Phone: 636-456-7047

Email: ultimatehairandspa@gmail.com

Applicant Information

Full Name: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Position Applying For (Check all that apply):

[ ] Hairstylist [ ] Nail Technician [ ] Esthetician [ ] Makeup Artist [ ] Other: _____

Employment Type Requested (Check one):

[ ] Commission [ ] Chair Rental [ ] Suite Rental

Preferred Start Date: _____

Licensing and Certification

State License #: _____

State Issued: _____

Expiration Date: _____

Attach a copy of your current license.

Work Experience (Last 3 years)

Salon/Business Name: _____

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Position Held: _____

Dates of Employment: _____

Reason for Leaving: _____

Salon/Business Name: _____

Position Held: _____

Dates of Employment: _____

Reason for Leaving: _____

Professional References (Optional)

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

Portfolio / Social Media

Do you have a professional portfolio or business social media? [ ] Yes [ ] No

If yes, please list: _____

Availability

Please list your typical weekly availability (days/hours):

_____

_____

Why do you want to join Ultimate Hair & Spa?

_____

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_____

Rental Applicants Only

Do you have your own clientele? [ ] Yes [ ] No

Do you carry your own liability insurance? [ ] Yes [ ] No

If yes, provide policy info or attach a copy: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Acknowledgment and Signature

I certify that the information provided above is true and complete. I understand that false information may result in denial or termination of the agreement.

Signature: _____ Date: _____