|  |  |  |
| --- | --- | --- |
|  | Paul Brown |  |
| Ward  Center  (808) 591-1881 |  | Kailua     (808) 230-­‐2000 |

Name: Date:  Address: Home  #:

        Cell  #:

**Please  indicate  *ALL*  positions  for which  you  are  applying:**

Hair Stylist  Hair  Stylist Assistant  Esthetician  Housekeeping

Nail Technician  Make  Up  Artist    Receptionist

Full Time  Position      or        Part  Time  Position \_\_\_\_\_\_\_\_\_\_\_  Salon  Location  Preference

Shift preferred\_

Days of Availability

Have you  submitted  an  application  before?     Yes     No  If  so, date of  prior  application  is

Are you  able  to  perform  the  essential  functions  of  the  job  with  or  without

Reasonable accommodations?   Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Do  you  wish  to  advise  us  of  your  starting  salary  expectations?

**Work Experience-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­**

Please  start  your work  experience  history  with  your  present  and/or most  recent

Employer(s).

Are you  currently  on  a  layoff  and  subject  to  recall?     Yes     No

Name of  Employer  Phone #  Address  from\_ to  Position  Rate  of  pay\_\_\_\_\_\_

Position  of  Duties  Reason  for  leaving\_  Can  the  stated  employer  be  contact?     Yes   No

Comments

Name  of  Employer  Phone  #  Address  from\_ to  Position  Rate  of  pay\_\_\_\_\_\_

Position  of  Duties  Reason  for  leaving\_  Can  the  stated  employer  be  contact?     Yes   No

Comments

Name  of  Employer  Phone  #  Address  from\_ to  Position  Rate  of  pay

Position  of  Duties  Reason  for  leaving\_  Can  the  stated  employer  be  contact?     Yes   No

Comments

Were  you  ever  *disciplined,  terminated  and/or  asked  to  resign*from  any  employment

for  misconduct  related  to  work?   Yes   No

If  so,  please  specify  employer(s)  name,  date  of  disciplinary  action,

termination  and/or  resignation.    Please

explain:

**Education,  Special  Training  and  Qualifications-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­**

High  School  Attended  Year  Completed

High  School  Location

 Did  you  graduate?   Yes     No

Any  special  classes  taken  that  you  would  like  to  list?

College  Attended  Years  Completed  College  Location  Did  you  graduate?     Yes     No

Major    Degree  Any  special  classes  taken  that  you  would  like  to  list?

Any  Vocational  or  Professional  training  received?    If  so,  where?

Any  special  training  in  the  following:

Hair  Stylist  Hair  Stylist  Assistant  Esthetician  Nail

Technician  Make  Up  Artist  Receptionist Housekeeping

**References-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­**

Please  include  only  individuals  who  are  familiar  with  your  work  ability.  Do  not  list

relatives.

Who  referred  you  for  a  position  here?  \_  For  purposes  of  verifying  your  references,  were  you  ever  known  by  another  name?  If  so,  please  list\_

Name  Phone  #  Basis  for  knowledge  of  your  work  ability\_  Years  Known\_

Name  Phone  #  Basis  for  knowledge  of  your  work  ability\_  Years  Known\_

Name  Phone  #

Basis  for  knowledge  of  your  work  ability\_  Years  Known\_

**Permission  to  Work-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­**

If  employment  is  offered,  can  you  produce  identification?     Yes     No

     i.e:  U.S.  Passport,  Valid  Drivers  License,  State  ID,  Birth  Certificate,  Social  Security

Card,  Certificate  of  U.S.  Citizenship  or  other  verification  showing  legal  right  to  work

in  the  U.S.

**(Optional)  Personal  Statement-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­**If  you  would  like  us  to  know  why  you  applied  to  *Paul  Brown  Inc,  d.b.a.  Paul  Brown  Salon*,  or  a  particular  interest  or  experience,  you  may  make  a  personal  statement  below.  Declining  to  make  a  statement  *will  not*be  considered  against  you.  Any  information  you  provide  may  be  considered  in  evaluating  your  application  for  employment.

-­‐

\_

**Questionnaire-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­**

What  are  your  three  most  important  reasons  for  applying  with  our  salon?

 What  motivates  you  to  do  your  best?

What  are  your  professional  goals?

 Describe  a  time  when  you  have  worked  as  a  team  to  accomplish  a  work  goal.  What  was  *your*role?  How  did  the  team  reach  its  goal?  Were  you  satisfied  with  the  results?  Why  or  why  not?

If there  was  a  challenge  with  your  performance  at  our  salon,  what  would  be  your

preferred  method  of  our  management  team  to  approach  you  about  solving  it?

 Describe  how  you  would  handle  a  disgruntled  client  who  returned  with  a  complaint  about  the  service  he  or  she  received  at  our  salon.

 Please  list  three  things  you  have  not  like  about  previous  jobs  you  have  held.

Please  list  three  things  you  have  liked  about  previous  jobs  you  have  held.

 Please  list  a  few  qualities  you  like  most  in  yourself.

**Equal  Opportunity  Employer-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­**

Prospective  employees  will  receive  consideration  without  regard  to  race,  color,  ancestry,  national  origin,  sex,  age,  religion,  disability,  marital  status,  sexual  orientation,  or  arrest  and  court  record  or  any  other  classification  or  status  protected  by  state  or  federal  law.

**Notice  to  Applicants-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­-­**I  certify  that  the  information  in  this  application  is  true  and  correct  to  the  best  of  my  knowledge,  and  understand  that  any  false  or  misleading  statements  or  omission,  whenever  discovered  regarding  this  application  or  related  documents  are  grounds  for  disqualification  from  further  consideration  or  for  dismissal  from  employment.

                Initial\_

I  understand  that  this  is  only  an  application  for  employment  and  does  not  constitute

a  promise  or  guarantee  that  an  offer  of  employment  will  be  offered  to  me.

                Initial\_  I  understand  that  *Paul  Brown  Inc.,  d.b.a.  Paul  Brown  Salon,*supports    a  drug  free  work  environment.               Initial\_  I  understand  that  as  a  condition  of  employment,  I  may  be  required  to  produce  original  documents  establishing  my  identity  and  authorization  to  work  in  the  U.S.  and  to  complete  the  U.S.  Immigration  and  Naturalization  Services’  form  1-­‐9

                Initial\_  If  employed,  I  agree  to  abide  by  all  rules,  policies  and  procedures  of  *Paul  Brown  Inc.,  d.b.a.  Paul  Brown  Salon,*and  understand  that  if  my  employment  is  not  subject  to  a

written  agreement  between  myself  and  the  President  of  *Paul  Brown  Inc.,  d.b.a.  Paul  Brown  Salon*, then  my  employment  is  “at  will”  and  can  be  terminated  at  any  time  either  by  myself  or  *Paul  Brown  Inc.,  d.b.a.  Paul  Brown  Salon*  with  or  without  cause  or  reason  or  notice.             Initial\_

I  authorize  *Paul  Brown  Inc.,  d.b.a.  Paul  Brown  Salon*  to  investigate  the  information  given  above  and  in  conjunction  with  any  interview  for purposes  of  verification.  I  release  *Paul  Brown  Inc.,  d.b.a.  Paul  Brown  Salon*  and  all  persons  and/or  companies  responding  to  any  reference  or  request  by  *Paul  Brown  Inc.,  d.b.a.  Paul  Brown  Salon*for  this  information  from  any  and  all  claims  and  liability  regarding  any  information  or  opinion  supplied.               Initial\_

Applicant Signature             Date