



Employment Application

Name _____

Social Security Number _____

Address _____
(street) (city) (zip code)

Are you 18 years or older yes no

Home Phone _____ Cell Phone _____

e-mail Address _____

What position are you interested in applying for?

Date you are available to begin employment _____

Cosmetology School you are attending / attended

Graduation Date _____

Have you taken your State Boards? yes no

If you haven't taken your boards, date you are planning to take them

What do you know about Aveda?



Are you employed now? yes no

May we contact your current employer? yes no

Employer_____

Phone_____

How long have you been employed there?_____

Salary_____

Previous employers:

(name)

(address) - _____ (phone)

Dates employed: From_____ To_____

Salary_____

Reason for leaving_____

(name)

(address) (phone)

Dates employed: From_____ To_____

Salary_____

Reason for leaving_____



Education:

High School _____

Did you graduate? yes no GED? yes no

College _____

Did you graduate? yes no

Subjects Studied _____

Trade School (other than cosmetology)

Did you graduate? yes no

Subjects Studied _____

Interests and Hobbies

Have you been convicted of a felony within the last 5 years? yes no

If yes, please explain (will not necessarily exclude you from consideration)



Authorization

"I certify that the facts contained 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 authorized investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and 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."

(date)

(signature)

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