



# Application for Employment

(Technician)  
**Personal**

Date

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ email \_\_\_\_\_

City, State, Zip

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Position Desired \_\_\_\_\_ Pay Expected \_\_\_\_\_

Employment Desired:  Full-Time  Part-Time

Are you able to attend morning meeting and/or classes?  Yes  No

Are you able to attend evening meeting and/or classes?  Yes  No

What is your desired start date?

## Professional

(Please check applicable spaces)

Are you experienced in one or more of the following and if so list how many years of experience for each:

Hair _____	Hair Experience _____
Nail _____	Nail Experience _____
Esthetics _____	Esthetics Experience _____
Massage Therapy _____	Massage Experience _____
Other _____	Other Experience _____

For all boxes checked in question one, please list the corresponding License, Certification and required licensing(if necessary) you have received to allow you to legally perform those services in the State of Missouri. If you do not have licensing for the state of Missouri please list the state you are currently licensed in, if you are applying for a Missouri license and an estimated eta on when you should be properly licensed to perform those services legally in the state of Missouri.)

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Are you currently in Cosmetology/Nail/Esthetics/Massage school or a recent graduate?

Currently enrolled  
Estimated Graduation Date \_\_\_\_\_

Graduated  
Graduation Date \_\_\_\_\_  
Do you have your temporary license  
or your permanent license? \_\_\_\_\_

Do you have any areas of specialization? \_\_\_\_\_

Working in this industry our schedules are set up based on our guests availability. Because of this our service providers schedules are based on hours when our guests have the highest demand. Evenings and weekends are typically the most popular appointment times requested by guests. We do try work with our service providers schedule needs, however because of the demand we do require our service providers to work some evenings and weekends.(please answer yes or no to below questions)

- Are you able to work evenings and weekends \_\_\_\_\_
- Holidays that we are open for or the days leading up to or after a holiday \_\_\_\_\_
- Do you have any hour restrictions \_\_\_\_\_
  - if yes, please list restrictions \_\_\_\_\_
- Do you have any other special needs in terms of schedule/ hours \_\_\_\_\_

What days and times are you available to work during the week?

Do you like working longer shifts with less days or shorter shifts with more days?

Are able to be work outside of the days and times you listed as available if needed on occasion?

How do you rate yourself as a cosmetologists/nail technician/esthetician/massage therapist?  Excellent  Very Good  Average  Fair  Poor

### Education

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?

College			
Business/Trade/ Technical			
High School			

### Salon or Other Employment

**Please list your past 3 employers**

Is it ok to contact your current employer?  Yes  No

**(1)**

Company Name	<input type="checkbox"/> Current Employer	Telephone
Address	Employed (State month and year)	
Name of Supervisor	From _____	To _____
Job Title	Weekly Pay	Start _____ Last _____
Reason for Leaving		

**(2)**

Company Name	<input type="checkbox"/> Current Employer	Telephone
Address	Employed (State month and year)	
Name of Supervisor	From _____	To _____
Job Title	Weekly Pay	Start _____ Last _____
Reason for Leaving		

**(3)**



Company Name  Current Employer Telephone \_\_\_\_\_

Address \_\_\_\_\_ Employed (State month and year)  
 From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Weekly Pay  
 Start \_\_\_\_\_ Last \_\_\_\_\_

Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(4)**

Company Name  Current Employer Telephone \_\_\_\_\_

Address \_\_\_\_\_ Employed (State month and year)  
 From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Weekly Pay  
 Start \_\_\_\_\_ Last \_\_\_\_\_

State Job Title and Describe Your Work \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### References

Please list three references (include at least two professional references).

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Title and/or relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Title and/or relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Title and/or relationship \_\_\_\_\_





4. Why do you believe you are the best candidate for the job?
  
  
  
  
  
  
  
  
  
  
5. What skills from your previous jobs do you think will help you be successful at Oasis and why?
  
  
  
  
  
  
  
  
  
  
6. What positions of responsibility have you held?(Give an example of when you have shown leadership)
  
  
  
  
  
  
  
  
  
  
7. What are your expectations on pay/salary, benefits like vacation, insurance?
  
  
  
  
  
  
  
  
  
  
8. How does this position fit in with your long-term goals?

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Are you eligible to work in the United States of America?  Yes  No

Do you have a valid drivers license?  Yes  No

Are you over the age of 18?  Yes  No

You are required by the Immigration Reform and Control Act of 1986 to complete Form I-9 within three business days of being hired. If you are hired by this company, you must complete the form and show acceptable documentation according to Immigration and Naturalization Service guidelines. Compliance is a condition of employment.

I hereby verify that all the information I have provided on this job application is true and correct to the best of my knowledge.

Signature\_\_\_\_\_Date