

PARK PLACE SALON

THE 1 PARK PLACE COMPANY

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Date Available	
City		State		ZIP	
Phone		E-mail Address			
Position Applied for					
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Have you ever worked for this company?	YES	NO	If so, when?		
Have you ever been convicted of a felony?	YES	NO	If yes, explain		

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

How were you paid in your last or current job? **Check appropriate one:**

Hourly: How much per hour? _____ Salary: (What was/is the salary?) \$ _____

What do you **need** to earn? \$ _____ What do you **want** to earn? \$ _____

How many days and hours would you like to work per week? _____

Do you have any commitments that would restrict you from working certain days/hours? Yes ___ No ___

If so, what are they? _____ Do you have reliable transportation? _____

PREVIOUS EMPLOYMENT				
Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	
Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	
Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

Team Member Self Assessment

Please RATE your skill level in each of these areas from 1 to 10 (10 being the highest and best)

- _____ Communication Skills (able to effectively communicate your feelings, concerns & upsets)
- _____ The ability to connect with others & create long term relationships
- _____ Time management skills
- _____ Organizational skills
- _____ Attention to details (getting it done right the first time)
- _____ Positive attitude
- _____ Loyalty to team and company
- _____ Passionate & enthusiastic
- _____ Reliability
- _____ Selling skills
- _____ Customer service (making clients the Top priority)
- _____ Ongoing education and personal development
- _____ Professional demeanor
- _____ Follow through
- _____ Taking pride in how you look professionally
- _____ Personal hygiene
- _____ Self-Motivated and Pro-Active
- _____ Team Player (*WIT: Whatever It Takes*)
- _____ Lead a balanced life
- _____ Admired and respected by others
- _____ Inspiring and uplifting to be around
- _____ Financial responsible and stable
- _____ Reliable, trustworthy and accountable
- _____ Keep workspace clean & organized
- _____ Reliable transportation
- _____ Patient and compassionate
- _____ Good sense of humor
- _____ Flexible
- _____ Being on time
- _____ Coachable (Ability to hear and accept constructive feedback and make necessary changes)
- _____ Organizing your day based on priorities & proceeding in order of importance
- _____ Honor your time commitments (Complete tasks in a timely & efficient manner)
- _____ Phone skills