

Fantastic Sams®

Application for Employment Equal Opportunity Employer

Recruiting Use Only
 Job/App # _____
 Job Title _____
 Date _____
 Interviewed Yes No

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.
 Note: No action will be taken on this application until all questions have been answered and the application has been signed and dated.

Personal Information (Please Use Black Ballpoint Pen or Bold Print or Type)

Last Name	First Name	Middle Name	Date
Present Address			Social Security Number
City	State	Zip Code	Home Phone ()
Previous Address			Work Phone ()
City	State	Zip Code	E-mail Address

Employment Information

Position Applied For	Salary Desired	Available Starting Date
How Were You Referred to Fantastic Sams®? <input type="checkbox"/> Newspaper <input type="checkbox"/> Current Employee <input type="checkbox"/> Other If Referred By a Current Employee, Who?	Do You Have a Cosmetology License? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, State and License Number: _____	
Are you at least 18 Years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following	Date _____ Location _____ Charge _____ Outcome _____

Education and Training

High School	City/State	Major Field of Study	Last Grade Completed	Did You Graduate?	GPA
Junior College/College			Degree/Certification	Dates Attended	GPA
Graduate School			Degree/Certification	Dates Attended	GPA
Other			Degree/Certification	Dates Attended	GPA

Additional Skills and Training

Employment History

(List in chronological order, with last or present employer first, Account for all periods of work and unemployment)
 (A resume may be attached in lieu of this section)

From: mo/yr	To: mo/yr	Position	Duties	
Starting Salary		Present or Past Employer		
Ending Salary		Address		
		City/State		Zip Code
		Supervisor May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. ()
Reason For Leaving				
From: mo/yr	To: mo/yr	Position	Duties	
Starting Salary		Present or Past Employer		
Ending Salary		Address		
		City/State		Zip Code
		Supervisor May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. ()
Reason For Leaving				
From: mo/yr	To: mo/yr	Position	Duties	
Starting Salary		Present or Past Employer		
Ending Salary		Address		
		City/State		Zip Code
		Supervisor May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. ()
Reason For Leaving				

(Add Additional Pages if Necessary to Include All Periods of Employment)

May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," When May We Contact? _____ For Reference Purposes: If You Have Ever Used Another Name, State Name and Dates: _____
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Personal References (Give Three References That We May Contact, Who Are Not Related to You and Who Have Knowledge of Your Professional Abilities)

Name	Address	Years Known	Telephone
Name	Address	Years Known	Telephone
Name	Address	Years Known	Telephone

IMPORTANT AUTHORIZATIONS AND AGREEMENTS

By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application or during a pre-employment interview, including a failure to disclose requested information may result in my discharge.

I am aware that from the date of hire I am automatically placed on a probation period. I understand that any employment relationship with this employer is "at will," which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I also understand that this at-will employment relationship may not be changed by any verbal or written document, unless the change is specifically acknowledged in writing and signed by an authorized company representative.

Nothing in this application or in any handbook, policy, procedure, or work rule of Fantastic Sams® will constitute a contract of employment, express or implied. The employment relationship is at will and may be terminated by the employee or Fantastic Sams® at any time, with our without cause.

Applicant Signature _____ **Date** _____

Authorization to Release Information

To Whom It May Concern: I have applied for employment with Fantastic Sams®. As part of the application for employment process, Fantastic Sams® may contact any company, institution, or individual to verify the information contained in my employment application, resume, and/or verbal representations made during an interview.

I authorize you to release to Fantastic Sams® any and all information and documentation it requests. This information may include, but is not limited to, dates of employment, positions held, responsibilities, base compensation and bonus or commissions (if applicable), job performance, education, transcripts, degrees received, dates of attendance, etc. A copy of this authorization may be accepted as an original.

Date _____ **Name (print)** _____

Social Security Number ____ - ____ - ____ **Signature** _____

RECRUITING USE ONLY

Application Reviewed	<input type="checkbox"/> Yes Date ____/____/____	by _____
Initial Interview	<input type="checkbox"/> Yes Date ____/____/____	by _____
Second Interview	<input type="checkbox"/> Yes Date ____/____/____	by _____
Additional Interview	<input type="checkbox"/> Yes Date ____/____/____	by _____
	<input type="checkbox"/> No (additional interviewing was not necessary)	