

Reed Dawn Rose

BEAUTY

Full name:

Today's date:

Address:

Telephone:

Email address:

When would you be available to start work:

Please give details of major courses attended during your career:	
Please list which product ranges you have worked with:	
List previous work experience	

Please give details of your last 3 places of employment starting with most recent:	
What did you enjoy most about your last job?	
What did you enjoy least about your last job?	
What are your hobbies or interests?What do you enjoy doing in the weekends?	
Why would you like to join our business?	
How would you describe yourself?	
Why should we choose you for this position?	
Area of Hair/Beauty/Lashes that is your strength?	

Area of Hair/Beauty/Lashes that is your weakness?	
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Have you had any sick days in the last 2 years?	
How would you describe your general health?	
Describe how you would deal with a team member that annoys you..	
Describe how you would deal with a rude client	

• Informing Clients about home hair/skin care is:

- A. Essential
- B. Being Pushy
- C. They can get that from the grocery store
- D. Part of the job

• When a client walks into a salon the first thing they notice is:

- A. Salon cleanliness
- B. Staff smile and friendliness
- C. Salon decor
- D. How much a service costs

• Circle your choice either one of each:

- I make decisions based on Facts OR Gut feelings
- I keep feelings to myself OR express feelings with friends
- I prefer to work independently OR I prefer to work in a group

NAME YES NO

To help us with your application, please tick the appropriate box

- | | | |
|--|-----------------------|-----------------------|
| 1. Do you want to be successful in the Hair or Beauty industry? | <input type="radio"/> | <input type="radio"/> |
| 2. Would you co-operate with all in house training programs as well as outside seminars, competitions, etc? | <input type="radio"/> | <input type="radio"/> |
| 3. Are you prepared to have your hair cut/colored or wear a style of lashes to promote a good staff salon image? | <input type="radio"/> | <input type="radio"/> |
| 4. Do you agree that it is important to wear make-up to look your best in the salon? | <input type="radio"/> | <input type="radio"/> |
| 5. Would you wear professional clothes and appropriate shoes? | <input type="radio"/> | <input type="radio"/> |
| 6. Are you happy to work extended hours? | <input type="radio"/> | <input type="radio"/> |
| 7. Would you arrive 15 minutes before the salon opens in order to prepare for salon opening? | <input type="radio"/> | <input type="radio"/> |
| 8. Can you foresee any problems with transportation, to/from work? | <input type="radio"/> | <input type="radio"/> |
| 9. Will you enjoy communicating and talking to other people? | <input type="radio"/> | <input type="radio"/> |
| 10. Do you have any skin allergies, especially with your hands? | <input type="radio"/> | <input type="radio"/> |
| 11. Do you paint your nails? | <input type="radio"/> | <input type="radio"/> |
| 12. Would you be able to provide good models for training purposes on a regular basis? | <input type="radio"/> | <input type="radio"/> |
| 13. As a qualified employee would you be prepared to help other staff members in the salon training program? | <input type="radio"/> | <input type="radio"/> |

Do you smoke?

Signature

Date

What is your favorite shape? Choose your first preference and your second preference.

