

# SYNERGY SALON

## Application for Employment

srgsalon.com • 704.847.7674  
2335-A Matthews Township Parkway, Matthews, NC 28105

### Personal Information

Last Name	First Name	Middle Initial	Date
Street Address		City, State, Zip Code	
Email Address		Social Security #	
Home Phone #	Cell Phone #	Other	
If under eighteen (18), please indicate Date of Birth:			

### Employment Desired

Position Desired	Date You Can Start	Salary Desired
Currently Employed? Yes No	May Synergy Salon Contact Your Employer? Yes No	If yes, Employee's Phone #
Ever applied to this company before? If yes, when? Yes No	Who referred you to Synergy Salon?	
Do you have any salon experience? If yes, please explain. Yes No	Are you legally allowed to work in the US? Yes No	
Shift Desired Full Time Part Time Temporary	Available for holidays? Yes No	
To your knowledge, are you related to anyone currently employed at Synergy Salon? If yes, please name the person and indicate the relationship.	Yes	No
Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes within the past five years? If yes, please explain.	Yes	No

### References

Cosmetology Reference Name	Address	Phone #
Co-Worker Reference Name	Address	Phone #
Additional Reference Name	Address	Phone #

### Availability

Days Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours
Hours Available	From							
	To							
Additional								

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**Employment History** (Beginning with the most recent)

<b>1</b>	Employer Name	Address	Phone #
	Last Position Title (From-To)	Name and Title of Supervisor	Dates Employed
	Salary (Starting/Finish)	Reason for Leaving	
<b>2</b>	Employer Name	Address	Phone #
	Last Position Title (From-To)	Name and Title of Supervisor	Dates Employed
	Salary (Starting/Finish)	Reason for Leaving	
<b>3</b>	Employer Name	Address	Phone #
	Last Position Title (From-To)	Name and Title of Supervisor	Dates Employed
	Salary (Starting/Finish)	Reason for Leaving	

**Education**

School	School Name & Address	Years Attended (From- To)	Date Degree Earned or Expected	Course of Study	GPA	Degree
High School						
College						
Specialized Training						

Please Read and Sign Below

Synergy Salon is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability, or any other reason prohibited by federal or local law. We assure you that your opportunity for employment with us depends solely on your qualifications.

I understand that this application is not a contract, offer, or promise of employment and that if hired, I will be able to resign at any time for any reason. Likewise, Synergy Salon can terminate my employment at any time with or without cause. Furthermore, I understand that no person other than the President of Synergy Salon has the authority to enter into an employment contract with me and that any exception to all at-will relationship must be evidenced by a written agreement signed by me and the President of Synergy Salon.

I acknowledge my responsibility to fully complete this application form. I authorize investment of statements made herein, including the use of background checks. I understand that misrepresentation or omission of facts called for my result in my termination, if employed.

Signature

Date

Thank you for completing this form and for your interest in our business.