



EMPLOYMENT APPLICATION

POSITION APPLYING FOR: _____ Date _____

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Email: _____ Mobile Phone: _____

Do you have a professional social media page? YES NO If yes, what is your handle _____

Which locations are you willing to work at? Downtown Beaverton Lake Oswego Pearl District (MW) Chrome

Indicate which services you are licensed to perform and whether you are willing to perform them:

Hair: Yes Year licensed _____ Willing to perform services? _____

Esthetics: Yes Year licensed _____ Willing to perform services? Waxing Facials Make-Up

Advanced Esthetics: Yes Year licensed _____ Willing to perform services? _____

Front Desk/Mgmt: Yes Willing to perform services? _____

How many hours a week would you like to work? _____

(Stylists/Barbers) Which services are you proficient in? Short Cuts Long Cuts Color Shaves Full Cosmet.

Why have you chosen to apply at MWC? _____

Why do you feel you would be an asset to MWC? _____

Have you attended advance training? Yes No Please list: _____

Have you held any leadership positions? I.e. school, employment, clubs etc. If yes, briefly describe: _____

What are some of the goals that you hope to achieve within the next year? _____

What are some of the goals that you hope to achieve within the next five years? _____

What has prevented you from achieving these goals to date? _____

If you were able to qualify for this opportunity, would any of the below be a problem and why?

- ❖ Working weekends: Yes__ No __ If Yes, Why? _____
- ❖ Working mornings at 8am: Yes__ No __ If Yes, Why? _____
- ❖ Working evenings until 9pm: Yes__ No __ If Yes, Why? _____
- ❖ Showing up to work on time: Yes__ No __ If Yes, Why? _____
- ❖ Training classes outside of working hours? Yes__ No__ If Yes Why? _____

Of the services you are licensed to perform which do you not feel qualified to perform without additional training?

What do you consider your strongest points? _____

What do you consider your weakest points? _____

Education - High School / College / Cosmetology / Other

High School _____ Graduated? _____ Year _____

Cosmetology/Massage/Esthetic School _____

Graduated? Yes__ No__ If Yes month/year _____ If not _____ # hours to date

College/trade/other (include hours, degrees received and courses) _____

Employment History (starting with the most recent)

Business Name: _____ City/St: _____

Dates employed: _____ to _____ Supervisors Name & Phone: _____

Position(s) held, most recent first: _____

Pay structure (hourly, commission rate, bonuses etc): _____

List any benefits or perks you received: _____

Responsibilities: _____

Reason for leaving: _____

What did you like most about working at this business? _____

What did you like least about working at this business? _____

Business Name: _____ City/St: _____

Dates employed: _____ to _____ Supervisors Name & Phone: _____

Position(s) held, most recent first: _____

Pay structure (hourly, commission rate, bonuses etc): _____

List any benefits or perks you received: _____

Responsibilities: _____

Reason for leaving: _____

What did you like most about working at this business? _____

What did you like least about working at this business? _____

Business Name: _____ City/St: _____

Dates employed: _____ to _____ Supervisors Name & Phone: _____

Pay structure (hourly, commission rate, bonuses etc): _____

Business Name: _____ City/St: _____

Dates employed: _____ to _____ Supervisors Name & Phone: _____

Position(s) held, most recent first: _____

Are you employed now? Yes__ No__ If yes, can we contact your employer? Yes__ No__

When would you be able to start work if hired? _____

Are there any upcoming dates you will not be available to work (upcoming vacations etc)? If yes, dates: _____

3 Professional References not related to you that you have known for 3+ years:

(Please give name and phone number and professional relation):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application could be grounds for dismissal. I authorize investigation of all statements and agree references listed above may give any information regarding my fitness for employment. I release all parties from all liability for any damage that may result from furnishing this information.

Signature _____ Date _____

Please drop off your application in person to the location you desire to work.

Hair M Downtown: 101 SW Main Street

Hair M Beaverton: 3300 SW Hocken Ave.

Hair M LakeOswego 4823 Meadow Rd,#121

MW Pearl District: 1015 NW Lovejoy

Chrome: 609 SW Washington Street

Thank you for applying to the MWC Family of Salons

We will be contacting the most qualified applicants for interviews.

If you do not hear from us, we wish you the best in your employment search!