

DIVINE DESIGNS SALON & SPA  
EMPLOYMENT APPLICATION FORM  
V062014 Page 1 of 3

DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DESIRED WAGE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MID INIT: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ (HOME OR CELL) EMAIL: \_\_\_\_\_

DO YOU HAVE ANY DISABILITIES OR ALLERGIES THAT MAY PRECLUDE YOU FROM WORKING IN OUR PERSONAL SERVICE ENVIRONMENT? YES NO

If YES provide details: \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF ANY FELONY? YES NO

If YES provide details: \_\_\_\_\_

DO YOU HAVE A VALID FLORIDA STATE DRIVER'S LICENSE? YES NO

ARE YOU A HIGH-SCHOOL GRADUATE? YES NO

If YES provide year of graduation, name and location of High-School: \_\_\_\_\_

ANY COLLEGE OR UNIVERSITY EDUCATION? YES NO

If YES provide institution name and highest degree or years completed: \_\_\_\_\_

MAY WE CONTACT YOUR FORMER EMPLOYER(S) OR REFERENCES? YES NO

If NO explain why not: \_\_\_\_\_

ADD ANY COMMENTS TO ASSIST US IN DETERMINING YOUR SUITABILITY FOR EMPLOYMENT WITH DIVINE DESIGNS SALON & SPA:

IF YOU'RE APPLYING FOR ANY NON-LICENSED ADMINISTRATIVE OR SUPPORT POSITION, THIS COMPLETES YOUR EMPLOYMENT APPLICATION FORM. PROCEED TO THE FINAL SECTION AND COMPLETE YOUR ACKNOWLEDGEMENT STATEMENT. IF YOU'RE APPLYING FOR A LICENSED POSITION, PLEASE CONTINUE.

Divine Designs Salon & Spa is an equal opportunity employer and does not discriminate against applicants for race, religion, color, sex, age, or national origin. It is our policy to select the best qualified individual without regard to race, color, gender, age, national origin or handicap (if qualified)

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**LICENSED PROFESSIONALS MUST COMPLETE THIS SECTION**

**FIRST NAME:** \_\_\_\_\_ **MID INIT:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**LICENSED AS:** \_\_\_\_\_ **LICENSE NUMBER:** \_\_\_\_\_

**STATE OF ISSUE:** \_\_\_\_\_ **DATE ISSUED:** \_\_\_\_\_ **YEARS OF EXPERIENCE:** \_\_\_\_\_

SELECT THE SERVICE(S) THAT YOU ARE EXPERIENCED WITH AND/OR TECHNICALLY CAPABLE OF PERFORMING:

**COSMETOLOGY**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cleanse, Style & Finish      | <input type="checkbox"/> Double Booking of Services | <input type="checkbox"/> Relaxers                         |
| <input type="checkbox"/> Color (Bayalage)             | <input type="checkbox"/> Ethnic Services            | <input type="checkbox"/> Special Event Styling            |
| <input type="checkbox"/> Color (Dimensional)          | <input type="checkbox"/> Extensions                 | <input type="checkbox"/> Spiral Perms                     |
| <input type="checkbox"/> Color (Foil-Highlights)      | <input type="checkbox"/> Hair Cut (Female)          | <input type="checkbox"/> Straight Perms                   |
| <input type="checkbox"/> Color (Ombre)                | <input type="checkbox"/> Hair Cut (Male)            | <input type="checkbox"/> Use of an Associate or Assistant |
| <input type="checkbox"/> Color (Root to End/Regrowth) | <input type="checkbox"/> Keratin Straightening      |   |

**AESTHETIC SERVICES**

- |   |  |
|---|--|
| <input type="checkbox"/> Body Treatment (Dry/Wet Body Wrap)       | <input type="checkbox"/> Facial Treatment (Vasculyse System) |
| <input type="checkbox"/> Body Treatment (Ionithermie System)      | <input type="checkbox"/> Facials                             |
| <input type="checkbox"/> Body Treatment (Lumicell System)         | <input type="checkbox"/> Hair Removal (Bikini Waxing)        |
| <input type="checkbox"/> Body Treatment (Thermal-M Steam Capsule) | <input type="checkbox"/> Hair Removal (Brazilian Waxing)     |
| <input type="checkbox"/> Facial Treatment (Compulift System)      | <input type="checkbox"/> Hair Removal (Eyebrow Threading)    |
| <input type="checkbox"/> Facial Treatment (Galvonic System)       | <input type="checkbox"/> Hair Removal (Facial Waxing)        |
| <input type="checkbox"/> Facial Treatment (Micro-Dermabrasion)    | <input type="checkbox"/> Special Event Makeup                |

**NAILS OR FULL SPECIALIST**

- |   |   |
|---|---|
| <input type="checkbox"/> Acrylic Nails (With Drill)         | <input type="checkbox"/> Polish Application (OPI or Gel Finish) |
| <input type="checkbox"/> Acrylic Nails (Without Drill)      | <input type="checkbox"/> Polish Application (Pink & White)      |
| <input type="checkbox"/> Fiberglass Finish                  | <input type="checkbox"/> Polish Application (Shellac Finish)    |
| <input type="checkbox"/> Natural Manicure                   | <input type="checkbox"/> Polish Application (Single Color)      |
| <input type="checkbox"/> Natural Pedicure                   | <input type="checkbox"/> Silk Wrap Finish                       |
| <input type="checkbox"/> Polish Application (Artwork)       | <input type="checkbox"/> Use of an Associate or Assistant       |
| <input type="checkbox"/> Polish Application (French Finish) |   |

**MASSAGE THERAPY**

- |   |   |
|---|---|
| <input type="checkbox"/> Deep Tissue        | <input type="checkbox"/> Prenatal               |
| <input type="checkbox"/> Hot Stone          | <input type="checkbox"/> Reflexology            |
| <input type="checkbox"/> Lymphatic Drainage | <input type="checkbox"/> Swedish                |
| <input type="checkbox"/> Neuromuscular      | <input type="checkbox"/> Therapeutic Stretching |
| <input type="checkbox"/> Postpartum         | <input type="checkbox"/> Other: _____           |

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FIRST NAME: \_\_\_\_\_ MID INIT: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DO YOU BELIEVE IN RECOMMENDING PRODUCTS FOR HOME USE BETWEEN VISITS?

YES NO UNDECIDED

DO YOU BELIEVE THAT PRE-BOOKING FUTURE APPOINTMENTS IS ESSENTIAL FOR YOUR SUCCESS?

YES NO UNDECIDED

ESTIMATED GUESTS THAT PRE-BOOK FUTURE VISITS WITH YOU (PERCENT): \_\_\_\_\_

ESTIMATED CURRENT WEEKLY SERVICE REVENUE (AMOUNT): \_\_\_\_\_

ESTIMATED CURRENT WEEKLY RETAIL PRODUCT SALES REVENUE (AMOUNT): \_\_\_\_\_

ALL APPLICANTS MUST ACKNOWLEDGE THIS STATEMENT BY SIGNING AND DATING WHERE INDICATED

In submitting this application I clearly understand and agree to the following: (1) that all statements are true and correct to the best of my knowledge, (2) no attempt has been made to conceal or withhold pertinent information, (3) I authorize an investigation of all statements with no liability, and (4) any falsification or misrepresentation may be considered cause for termination at any time without recourse. By clicking the check box below, I acknowledge and agree to these conditions and ask to be considered for employment by Divine Designs Salon & Spa,

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE