

# Great Clips®

## EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability or any other legally protected status. It is Great Clips® policy to not discriminate against qualified individuals with disabilities and to provide reasonable accommodations as required by applicable law.

### GENERAL INFORMATION

Position(s) applied for: \_\_\_\_\_ Date available: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Have you previously or are you currently working at another Great Clips salon? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and during what time period? \_\_\_\_\_

2. Are you legally eligible for employment in the US in the position(s) for which you are applying?  
(Proof of U.S. Citizenship or immigration status will be required upon employment) Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are you able to meet the physical requirements of this position  
with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are you willing to work overtime if required? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have you been convicted of a felony in the last seven years? Yes \_\_\_\_\_ No \_\_\_\_\_

(Such conviction may be relevant if job related, but does not necessarily bar you from employment)

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### AVAILABILITY

What is your availability for work?

\_\_\_\_\_ Very flexible; able to work whenever needed.

\_\_\_\_\_ Somewhat flexible; able to work 3-4 nights per week plus weekends.

\_\_\_\_\_ Somewhat limited; able to work 2-3 nights per week plus weekends.

\_\_\_\_\_ Only able to work weekends.

\_\_\_\_\_ Very limited; able to work only specific days and times.

Hours available per week:

\_\_\_\_\_ 34-40 hours \_\_\_\_\_ 28-34 hours \_\_\_\_\_ 20-28 hours \_\_\_\_\_ less than 20 hours

Other availability (check all that apply):

\_\_\_\_\_ able to work at other locations if need arises

\_\_\_\_\_ able to work split shifts (two short shifts in same day)

### EDUCATION/TRAINING

High School Name: \_\_\_\_\_ Completed? Yes \_\_\_\_\_ No \_\_\_\_\_ GED \_\_\_\_\_

Cosmetology School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Cosmetology hours required: \_\_\_\_\_ License #: \_\_\_\_\_ State of issue: \_\_\_\_\_

Date of license: \_\_\_\_\_ License current? Yes \_\_\_\_\_ No \_\_\_\_\_ Exp. date: \_\_\_\_\_

(Education/Training continued on next page)

Manager/Operator license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of M/O license: \_\_\_\_\_

College Name/Location: \_\_\_\_\_ Degree/Credits: \_\_\_\_\_

Advanced haircutting/chemical processing training (describe and give dates): \_\_\_\_\_

\_\_\_\_\_

Other training such as communication and interpersonal skills, management training, etc. (describe and give dates): \_\_\_\_\_

\_\_\_\_\_

What haircare product lines are you familiar with? \_\_\_\_\_

Provide your years of experience with the following:

\_\_\_\_\_ Haircutting \_\_\_\_\_ Perming \_\_\_\_\_ Neck Edgers \_\_\_\_\_ Clippers

**EMPLOYMENT HISTORY** (list your last 3 employers, starting with the most recent.)

Company Name/Address	Supervisor Name & Phone #	Employment Dates	Reason for Leaving	Position(s) Held	Rate of Pay
1.					
2.					
3.					

**REFERENCES**

Please list three technical references (people who are licensed and have observed your technical skills):

Name	Address/City/State/Zip	Phone number
1.		
2.		
3.		

<p><b>Consent to Check References</b></p> <p>By signing this employment application below, I voluntarily consent to allow a representative of Great Clips® to check references by contacting any person whom they feel to be an appropriate source. I understand that the procedure includes asking questions the company considers relevant concerning my personal background, education, work experience, character, personality, and personal habits.</p>	<p><b>DO NOT CONTACT</b></p> <p>Employer(s): _____</p> <p>_____</p> <p>Reason: _____</p> <p>_____</p>
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I declare that the information provided by me is complete and true to the best of my knowledge. I am aware that any misrepresentation or omission may preclude an employment offer, or may result in withdrawal of an employment offer or separation from employment. I understand that employment with the Company is at-will and the employment relationship may be ended by either party, at any time, with or without notice.

**NOTE: This application will remain active for six months.**

Signature \_\_\_\_\_ Date \_\_\_\_\_