



application for employment

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CONTACT TELEPHONE NUMBERS \_\_\_\_\_

EMPLOYMENT DESIRED

POSITION SEEKING \_\_\_\_\_

AVAILABLE START DATE \_\_\_\_\_ SALARY REQUESTED \_\_\_\_\_

ARE YOU INTERESTED IN WORKING PART TIME OR FULL TIME? \_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED? YES NO

HOW LONG HAVE YOU BEEN WITH PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU PREVIOUSLY WORKED AT AN AVEDA SALON OR SPA? YES NO

EDUCATION

HIGH SCHOOL YEARS ATTENDED DID YOU GRADUATE?

COLLEGE YEARS ATTENDED DID YOU GRADUATE?

BEAUTY/PROFESSIONAL EDUCATION YEARS ATTENDED DID YOU GRADUATE?

PLEASE LIST YOUR CURRENT LICENCES

LICENCE YEAR OBTAINED STATE

LICENCE YEAR OBTAINED STATE

DO YOU HAVE A CURRENT SHAMPOO LICENCE? YES NO

EMPLOYMENT HISTORY

EMPLOYER NAME	START DATE	END DATE
STARTING SALARY	ENDING SALARY	POSITION TITLE
CONTACT NUMBER	REASON FOR LEAVING	

EMPLOYER NAME	START DATE	END DATE
STARTING SALARY	ENDING SALARY	POSITION TITLE
CONTACT NUMBER	REASON FOR LEAVING	

EMPLOYER NAME	START DATE	END DATE
STARTING SALARY	ENDING SALARY	POSITION TITLE
CONTACT NUMBER	REASON FOR LEAVING	

ADDITIONAL INFORMATION

Please use the back of this form to list any additional information that you think we should know about you including hobbies, schedule requirements, additional training/education, etc.

AUTHORIZATION

EQUAL OPPORTUNITY EMPLOYER

I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the references and employers listed above to give you information concerning my previous employment and any pertinent information they may have, and release the company from all liability for release of this information.

I understand that Jonas AVEDA is a drug free workplace, and that if employed, I am expected to arrive to work in a clear state of mind substance free, and free of smoke or other odors.

\_\_\_\_\_  
APPLICANT NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

Please fax this form along with a resume (optional) to 214-358-4372  
Attention: Christina Jonas, General Manager  
4343 W. Northwest Highway | Dallas, TX 75202