



EMPLOYMENT APPLICATION

Date of Application: _____ Desired Position: _____ Desired Salary: _____

Date Available for Work: _____ Full-Time Part-Time

Hours Desired Per Week: 40 25-35 20-25

List any days and times of week unavailable for work: _____

Applicant Information

Full Name: _____ SSN: _____
Last First M.I.

Previously Used Name(s): _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Have you or are you currently working at another cosmetology school? YES NO
 If yes, where? _____

Have you been or are you currently a student of Northwest College? YES NO
 If yes, where? _____

Have you ever been employed at Northwest College? YES NO
 If yes, where? _____

Do you have any relatives currently employed by Northwest College? YES NO
 If yes, who? _____

Have you ever had a cosmetology license denied, suspended or revoked? YES NO
 If yes, explain: _____

Have you ever been discharged from any employment or asked to resign? YES NO
 If yes, explain: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.A.? YES NO

Are you or have you been in the U.S. Armed Forces? YES NO If yes, list dates: _____

If yes to above, do you have military reservist obligations? YES NO If yes, explain: _____



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Are you able to carry out all essential job functions and perform them in a safe manner? YES NO If no, explain: _____

Education

High School: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Diploma or GED: _____

College: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other Relevant Training: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Degree or Certificate: _____

Qualifications

Please indicate all that apply.

- I possess a cosmetology license in the following fields of practice:
 Barbering Hair Design Esthetics Nail Technology

License Number(s) and dates valid until: _____

Cosmetology School Attended: _____ Dates: _____

- I possess a teacher of cosmetology license in the state of Oregon.

License Number: _____ Date valid until: _____



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General Cosmetology Information

Have you attended a continuing education seminar or workshop relevant to the cosmetology profession within the past three years? If so, indicate date, type of course(s) and sponsor or provider: _____

What haircare, skincare, nail care and other beauty products are you familiar with? _____

On a scale of 1-10, rate your comfort level with:

Haircutting _____ Perming _____ Color _____ Clippers _____ Razors _____ Ethnic Hair _____ Relaxers _____

Hair Extensions _____ Hair Styling (Updos, Braiding) _____ Wet Hair Styling _____ Thermal Styling _____

Shaving _____ Pedicure _____ Manicure _____ Paraffin _____ Nail Enhancements _____ Electric Nail Files _____

Spa Treatments _____ Facial Machines _____ Lash/Brow Tinting _____ Eyelash Extensions _____

Massage (Hand, Foot, Facial) _____ Microdermabrasion _____ Waxing _____ Makeup Application _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



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Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants without regard to age, race, color, religion, gender, sexual orientation, national origin, marital status, physical or mental disability, veteran status, citizenship, or any other basis upon which discrimination is prohibited by federal, state or local laws.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the company, at any time, can constitute a contract of employment. I understand that the company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature: _____ Date: _____