

**! SAVED FROM VITOMAZZA.COM !**  
**PRINT THIS PAGE FIRST AND THEN FILL OUT - DO NOT TYPE INFORMATION IN FIELDS**

**Vito Mazza Salon & Day Spa**  
**Application for employment**

732-636-0119

**\*\*Please print information clearly and fax to 732-636-3391\*\***

**Personal information**

Full name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Present Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

OtherPhone: \_\_\_\_\_

Additional contact info: \_\_\_\_\_

What position are you applying for: \_\_\_\_\_

Why have you chosen to apply at Vito Mazza Salon & Day SPA

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

Why do you feel you would be an asset to Vito Mazza Salon & Day Spa?

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

Are you a licensed cosmetologist / barber? \_\_\_\_\_ # \_\_\_\_\_ State \_\_\_\_\_

If so have you attended advanced training? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any advanced training \_\_\_\_\_

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

Have you held any leadership positions? I.e. school, employment, clubs etc..\_\_\_\_\_

If Yes, briefly describe\_\_\_\_\_

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What are some of your goals?

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

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What has prevented you from achieving these goals to date? \_\_\_\_\_

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**Vito Mazza Salon & Day Spa Employment Application**

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

- Scheduled hours once we have decided your schedule? Yes\_\_\_\_\_ No\_\_\_\_\_

- Working weekends Yes\_\_\_ No \_\_\_ If Yes

Why?\_\_\_\_\_

- Working evenings Yes\_\_\_ No \_\_\_ If Yes

- Why?\_\_\_\_\_

- Show up to work on time? Yes\_\_\_ No \_\_\_ If Yes

Why?\_\_\_\_\_

- Training classes outside of working hours? Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes

Why?\_\_\_\_\_

\_\_\_\_\_

- Providing own model for classes? Yes\_\_\_ No\_\_\_ If Yes

Why?\_\_\_\_\_

- Standing on feet? Yes\_\_\_ No \_\_\_ If Yes

Why?\_\_\_\_\_

Are you applying for a job or a career? Job\_\_\_\_\_ Career\_\_\_\_\_

Why?\_\_\_\_\_

\_\_\_\_\_

If licensed, of the services we offer which do you not feel qualified to

perform?\_\_\_\_\_

\_\_\_\_\_

What do you consider your strongest points?

\_\_\_\_\_

\_\_\_\_\_

What do you consider your weakest points?

\_\_\_\_\_

\_\_\_\_\_

What method of transportation will you use to get to Vito Mazza Salon & Day Spa?

\_\_\_\_\_

**Education - Highschool / Cosmetology / Barber /Other**

High School \_\_\_\_\_ #of years attended \_\_\_\_\_

Graduate? \_\_\_\_\_ Year \_\_\_\_\_ Subjects studied \_\_\_\_\_

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

Cosmetology/Barber

School \_\_\_\_\_

Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes month/year \_\_\_\_\_

If not \_\_\_\_\_ # hours ToDate

College/trade/other \_\_\_\_\_

**Vito Mazza Salon & Day Spa Employment Application****Employment history starting with the last one first****Business****Name** \_\_\_\_\_ **Address** \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_

Supervisors Name \_\_\_\_\_

JobTitle \_\_\_\_\_

Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

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

Reason for leaving \_\_\_\_\_

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

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**Business****Name** \_\_\_\_\_ **Address** \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_

Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_

Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

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

Reason for leaving \_\_\_\_\_

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

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**Business****Name** \_\_\_\_\_ **Address** \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_

Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_

Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

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

Reason for leaving \_\_\_\_\_

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

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Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes can we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**3 References not related to you that you have known for 1 year.**

	Name	Phone	Business Years Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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\_\_\_\_\_