

# THE GREEN ROOM SALON STATION APPLICATION

Please fill in every field to the best of your ability; write N/A when applicable.

## 1. Business Information:

The Green Room Salon PLLC  
1204 Roosevelt Road  
Glen Ellyn, IL 60137  
(812) 454-0560  
greenroomsalon2020@gmail.com

It is the policy of The Green Room Salon PLLC to provide equal opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

## 2. Applicant Information

Applicant Full Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DL# (State/Number): \_\_\_\_\_ SSN: \_\_\_\_\_

EIN: \_\_\_\_\_ Sales Tax ID: \_\_\_\_\_

When would you like to/be available to begin work? \_\_\_\_\_

Renter's Insurance? **Yes** **No** Number of Years in this Industry: \_\_\_\_\_

Policy Holder/#: \_\_\_\_\_

## 3. Emergency Contact

Relationship to you: \_\_\_\_\_

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

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

City/State/ZIP: \_\_\_\_\_

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

**4. Applicant's Service and Sales Record**

(a) Current Color Brand \_\_\_\_\_ Years of Use \_\_\_\_\_

(aa) Past Color Brands \_\_\_\_\_

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

(b) Current Retail Brand \_\_\_\_\_ Years of Use \_\_\_\_\_

(bb) Past Retail Brands \_\_\_\_\_

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

(c) Average Weekly: Service Sales: \$ \_\_\_\_\_ Retail Sales: \$ \_\_\_\_\_ Client Count: \_\_\_\_\_

(d) Location that is roughly central to your average cliental: \_\_\_\_\_

**5. Applicant's Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service if applicable) that you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back of this page.

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

**6. Applicant's Education and Training**

(a) Completed Education; please check all that apply.

( ) High School ( ) GED ( ) College/University ( ) Vocational School

(b) Please list your vocational, trade, and/or aesthetician school(s) below:

School Name: \_\_\_\_\_

Completed: **Yes** **No** Dates Attended: \_\_\_\_\_

School Name: \_\_\_\_\_

Completed: **Yes** **No** Dates Attended: \_\_\_\_\_

School Name: \_\_\_\_\_

Completed: **Yes** **No** Dates Attended: \_\_\_\_\_

(c) Please list any current professional licenses or certs that you hold and their date of expiration:

| License/Certification | Date of Expiration |
|-----------------------|--------------------|
|-----------------------|--------------------|

|       |       |
|-------|-------|
| _____ | _____ |
|-------|-------|

|                       |                    |
|-----------------------|--------------------|
| License/Certification | Date of Expiration |
|-----------------------|--------------------|

|       |       |
|-------|-------|
| _____ | _____ |
|-------|-------|

|                       |                    |
|-----------------------|--------------------|
| License/Certification | Date of Expiration |
|-----------------------|--------------------|

|       |       |
|-------|-------|
| _____ | _____ |
|-------|-------|

|                       |                    |
|-----------------------|--------------------|
| License/Certification | Date of Expiration |
|-----------------------|--------------------|

|       |       |
|-------|-------|
| _____ | _____ |
|-------|-------|

|                       |                    |
|-----------------------|--------------------|
| License/Certification | Date of Expiration |
|-----------------------|--------------------|

|       |       |
|-------|-------|
| _____ | _____ |
|-------|-------|

**7. References**

List any four non-relatives who would be willing to provide a reference for you.

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

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

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

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

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

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

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

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

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_



**Certification**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if a leasing relationship is established, immediate termination of such.

I authorize The Green Room Salon PLLC to contact former employers, salon owners, and educational organizations regarding my employment, service record, and education. I authorize my former employers, salon managers, and educational organizations to fully and freely communicate any information regarding my previous employment, service record, attendance, and grades. Further, I authorize those persons designated as references herein to fully and freely communicate any information regarding my previous employment, service record, education, and character.

If a leasing relationship is created, I understand that unless I am offered a specific written contract on behalf of The Green Room Salon PLLC by its Manager that indicates otherwise, that any affiliation with The Green Room Salon PLLC is not and will not be established as or construed as an employee/employer relationship, and that the conditions of my working relationship with The Green Room Salon PLLC will be set forth and defined within said leasing agreement or other specific written contract/agreement provided to me by The Green Room Salon PLLC.

The Green Room Salon PLLC agrees in kind to keep all private and sensitive material enclosed by the applicant herein confidential and undisclosed to any third party.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date