



Employment Application

Tryst Salon and Spa
8900 Mentor Avenue
Mentor, Ohio 44060
440.974.4001
trystsalonandspa@yahoo.com

Personal Information

Name _____ Date _____

Address Line1 _____ Address Line2 _____

City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Email _____ Referred by _____

Name of friend or relative employed by Tryst _____

Are you 18 years of age or older? **Yes** **No** Do you have transportation? **Yes** **No**

Have you ever been convicted of a felony? **Yes** **No**

If yes, please explain _____

Employment Desired

Stylist Nail Tech Assistant Esthetician Receptionist

Full time Part Time Seasonal Date available to start _____

Do you have a friend or relative employed at Tryst Salon and Spa? **Yes** **No**

If yes, please name _____

Education

High School _____ City _____ State _____

Years Attended _____ Did you graduate? Yes No

College _____ City _____ State _____

Years Attended _____ Did you graduate? Yes No

Cosmetology School _____ City _____ State _____

Years Attended _____ Did you graduate? Yes No

Other School _____ City _____ State _____

Years Attended _____ Did you graduate? Yes No

Please list all current licenses _____

Additional Training _____

Employment History

Name and Address of Employer _____

Dates of employment: Start _____ End _____

Salary _____ Position _____ Reason for leaving _____

Are you currently employed here? Yes No May we contact this employer? Yes No

If no, please explain _____

Name and Address of Employer _____

Dates of employment: Start _____ End _____

Salary _____ Position _____ Reason for leaving _____

Are you currently employed here? **Yes** **No** May we contact this employer? **Yes** **No**

If no, please explain _____

Name and Address of Employer _____

Dates of employment: Start _____ End _____

Salary _____ Position _____ Reason for leaving _____

Are you currently employed here? **Yes** **No** May we contact this employer? **Yes** **No**

If no, please explain _____

References

Please list (3) business references.

Name _____

Company _____ Phone _____ Years Acquainted _____

Name _____

Company _____ Phone _____ Years Acquainted _____

Name _____

Company _____ Phone _____ Years Acquainted _____

Training and Experience

	Formal Training Y or N	# Years of Experience
Hair Services		
Women's Cuts		
Men's Cuts (Clipper and/or scissor)		
Kid's Cuts		
Razor Cutting		
Blow Dry Styles		
Formal Styles (up-do's)		
Curling		
Chemical Smoothing Treatments		
Perms		
Hair Extensions		
Highlights/Lowlights		
Single Process		
Corrective Color		
Have you ever used Wella Hair Color?		
Nail Services		
Manicures		
Pedicures		
Acrylics		
Gels		
Shellac/Gel Color		
Nail Art		
Reflexology		
Skin Care		
Make-up		
Airbrush Make-up		
Facial Waxing		
Body Waxing		
Bikini / Brazilian Waxing		
Eyelash Extensions		
Eyelash Tinting		
Facials		
Airbrush Tanning		
Front Desk		
Microsoft Word		
Credit Card Transactions		
Telephone experience		
Cash Register		
Have you used SalonBiz software		

Please attach resume if available.

Signature of Applicant _____ Date _____