



Hair We Go Again, LLC  
2219 Paul Bunyan Drive N.W., Suite #8  
Bemidji, Minnesota 56601

Telephone:  
218-751-1607

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**EMPLOYMENT APPLICATION**

It is the policy of Hair Naturally to provide equal employment 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.

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**Applicant Information**

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

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

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

Number of years at this address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License (State/Number): \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

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**Emergency Contact**

Who should be contacted if you are involved in an emergency? \_\_\_\_\_

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

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

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

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

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

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**General Information**

Job Position Applied For: \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

Who referred you to our company? \_\_\_\_\_

Have you applied to our company previously? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Are you at least 18 years old? Yes \_\_\_ No \_\_\_

How will you get to work? \_\_\_\_\_

**General Information (continued)**

Are you willing to work any shift, including nights and weekends? Yes \_\_\_ No \_\_\_

If no, please state any limitations: \_\_\_\_\_

If applicable, are you available to work overtime? Yes \_\_\_ No \_\_\_

If you are offered employment, when would you be available to begin work?

Are you legally eligible for employment in the United States? Yes \_\_\_ No \_\_\_

Are you able to perform the essential functions of the job position either with or without reasonable accommodation?

Yes \_\_\_ No \_\_\_ What reasonable accommodation, if any, would you require? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Cosmetology Skills**

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while ten represents exceptional ability.)

- Hair Cutting and Styling** \_\_\_\_\_ years \_\_\_\_\_ **1 2 3 4 5 6 7 8 9 10**
- Hair Color Formulation** \_\_\_\_\_ years \_\_\_\_\_ **1 2 3 4 5 6 7 8 9 10**
- Hair Color Application** \_\_\_\_\_ years \_\_\_\_\_ **1 2 3 4 5 6 7 8 9 10**
- Clipper Techniques** \_\_\_\_\_ years \_\_\_\_\_ **1 2 3 4 5 6 7 8 9 10**
- Perming techniques** \_\_\_\_\_ years \_\_\_\_\_ **1 2 3 4 5 6 7 8 9 10**
- Ability to use a computer** \_\_\_\_\_ years \_\_\_\_\_ **1 2 3 4 5 6 7 8 9 10**

Which Hair Color or Professional Products lines are you experienced with? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Employment History**

List your current or most recent employment first. Okay to contact your current employer? Yes \_\_\_ No \_\_\_

1. Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_  
May we contact your current Employer? Yes \_\_\_ No \_\_\_

2. Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_  
May we contact your current Employer? Yes \_\_\_ No \_\_\_

3. Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_  
May we contact your current Employer? Yes \_\_\_ No \_\_\_

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## Applicant's Education and Training

**Cosmetology or Barber School Name** \_\_\_\_\_

School Address \_\_\_\_\_

How many hours did you complete? \_\_\_\_\_

Are you licensed to cut hair in Minnesota? Yes \_\_\_ No \_\_\_

Do you have a Manager's License? Yes \_\_\_ No \_\_\_

What is your Cosmetology or Barber or Manager's License number? \_\_\_\_\_

**High School/GED Name** \_\_\_\_\_

School Address \_\_\_\_\_

Did you receive a diploma? Yes \_\_\_ No \_\_\_

Awards, Honors, Special Achievements: \_\_\_\_\_

**Military Service:** Yes \_\_\_ No \_\_\_

Branch \_\_\_\_\_ Specialized Training \_\_\_\_\_

\_\_\_\_\_

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## References

List any two people who would be willing to provide a reference for you.

1. **Name:** \_\_\_\_\_

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

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

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

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

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

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Please provide any other information that you believe should be considered: \_\_\_\_\_

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

**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 rejection of my application, or if employment commences, immediate termination.

I authorize Hair We Go Again d.b.a. Hair Naturally to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be “at-will.” In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Hair We Go Again d.b.a. Hair Naturally, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_