

## **Casa Aziz Salon**

## Application for Employment 4 Hulfish St., Princeton, New Jersey 08542 609-279-1744

Casa Aziz Salon is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information		
Applicant Name:		
Address:		
City, State and Zip Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Position  Position(s) applying for: Stylist, Nail Technici  How did you hear about this position?	Assistant, Receptionist	
On what date can you start working if you a		
Do you have reliable transportation to and		
Salary desired:		
Personal Information		
Are you a U.S. citizen or approved to work i	ne United States? Yes	No
What document can you provide as proof o	tizenship or legal status?	

Job Skills/Qualifications Please list below the skills ar	nd qualifications you possess	for the position for wh	ich you are applying:
·	lies with the ADA and conside applicants/employees to pe		
Education and Training			
High School			
Name	Location (City, State)	Year Graduated	Degree Earned
College/University	T .	T	
Name	Location (City, State)	Year Graduated	Degree Earned
Vocational School/Specializ		T	
Name	Location (City, State)	Year Graduated	Degree Earned
Military:			
Are you a member of the A	rmed Services?		
What branch of the military	/ did you enlist?		
What was your military ran	k when discharged?		
How many years did you se	rve in the military?		
	,	f	
what military skills do you	possess that would be an ass	et for this position?	
Previous Employment			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			

Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
_	
<u>References</u>	
Please provide 2 personal and profes	sional reference(s) below:
Reference	Contact Information
Additional Information.	
Additional Information:	
Are you a licenses Cosmetologist in	the state of NJ?
Are you a licenses Cosmetologist in	the state of NJ?
Are you a licenses Cosmetologist in	the state of NJ?
Are you a licenses Cosmetologist in  Do you have a Student Work Permit	

The relationship between you and the Casa Aziz Salon is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Casa Aziz Salon. No representative of Casa Aziz Salon has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature:	Dated:	
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