



Welcome to Salon De Christé, the Ultimate Salon and Day Spa. We want you to enjoy this orientation process and learn the culture of the Salon De Christé Company. At Salon De Christé, we offer the Ultimate Beauty Experience provided by Highly Trained Professionals in a Caring and Comfortable Atmosphere. At Salon De Christé, we all work as a team and try to help each other as much as possible. If you are willing to learn, set high goals, and be friendly, you will find your professional challenges turning into professional gain.

To achieve your greatest potential, we have outlined the “non-negotiables” within Salon De Christé.

1. We are a retail business, which includes a schedule of working evenings and Saturdays, and flexibility is important.
2. You are required to educate your guests by offering them your professional recommendation for the proper at-home care.
3. We have a dress code of professional attire: No boobs, butts, bellies or backs exposed. The dress code consists of black, white, and grey. Visible tattooing is at a manager’s discretion and piercing is allowed for ears, a small stud or small hoop for noses, and a small stud to the side of the lip
4. You will be working in the beauty and fashion industry. You are expected to look the part with updated hairstyles, make-up, and clothes.
5. Success comes through education. You will be required to attend educational functions and classes to better your skills and knowledge.
6. The salon conducts meetings every 6 weeks that are mandatory to attend. They are on the 1<sup>st</sup> or the 15<sup>th</sup> every 6 weeks at 8:30 AM.
7. Tipping is a part of our business, per the government, you are required to report all tips. Tips given when checking out at the front desk are calculated through the computer and taxed on your paycheck.
8. Teamwork is expressed in keeping the salon clean and maintaining equipment. Everyone is required to perform specific cleaning duties for a clean, attractive salon for our guests.
9. Salon De Christé upholds a 90 day probation period, which we both have the right to dissolve our business agreements without legal penalty.
10. In joining our team, you will be given the Policies and Procedures Manual that is your specific guide and information to a pleasant and rewarding experience as a team player at Salon De Christé. There is no contract involved, but you will be required to sign a policy sheet stating you understand and will follow Salon De Christé Policies and Procedures.

# *Salon De Christe'*

## Application for Employment

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street \_\_\_\_\_ How Long \_\_\_\_\_

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

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

Check the following options you would consider: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_

If part time or temporary, specify hours or days: \_\_\_\_\_

What is your minimum salary requirement? \_\_\_\_\_ Date available for work \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us? \_\_\_\_\_

### EDUCATION AND TRAINING

|                 | Print School Name, City, and State | Degree/Major/Course of Study |
|-----------------|------------------------------------|------------------------------|
| High School     |                                    |                              |
| College         |                                    |                              |
| Graduate School |                                    |                              |
| Trade School    |                                    |                              |

List any other education, training, special skills, or certificates/licenses that you possess related to the job \_\_\_\_\_

List any machines or equipment on which you are qualified and experienced in operating \_\_\_\_\_

Do you have a valid driver's license in this state? Yes \_\_\_\_\_ No \_\_\_\_\_

### GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work permanently in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 16 years old or over? Yes \_\_\_\_\_ No \_\_\_\_\_ If under 18, state age \_\_\_\_\_

**GENERAL INFORMATION** (continued)

Were you previously employed by *Salon De Christe'* ? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, dates \_\_\_\_\_

List any relatives working for *Salon De Christe'* \_\_\_\_\_

During the last ten years, have you ever been convicted of a felony, or pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500? (Answering yes is not an automatic bar to employment but will be considered in relation to specific job requirements.) Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain \_\_\_\_\_

Can you perform the essential functions of the job? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require any accommodation to perform the essential functions of the job? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT HISTORY**

List all work experience beginning with the present or most recent job (use back of application, if necessary).

|                                    |  |
|------------------------------------|--|
| NAME OF EMPLOYER                   | TYPE OF BUSINESS                               |
| ADDRESS                            | CITY, STATE, ZIP                               |
| DATES EMPLOYED (FROM-TO)           | TITLE  |
| NAME AND TITLE OF SUPERVISOR       | TELEPHONE NUMBER                               |
| MAY WE CONTACT? YES _____ NO _____ | WAS EMPLOYMENT FULL TIME _____ PART TIME _____ |
| BRIEF DESCRIPTION OF DUTIES        |  |
| REASON FOR LEAVING                 | LAST SALARY                                    |

|                                    |  |
|------------------------------------|--|
| NAME OF EMPLOYER                   | TYPE OF BUSINESS                               |
| ADDRESS                            | CITY, STATE, ZIP                               |
| DATES EMPLOYED (FROM-TO)           | TITLE  |
| NAME AND TITLE OF SUPERVISOR       | TELEPHONE NUMBER                               |
| MAY WE CONTACT? YES _____ NO _____ | WAS EMPLOYMENT FULL TIME _____ PART TIME _____ |
| BRIEF DESCRIPTION OF DUTIES        |  |
| REASON FOR LEAVING                 | LAST SALARY                                    |

|                                    |  |
|------------------------------------|--|
| NAME OF EMPLOYER                   | TYPE OF BUSINESS                               |
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| REASON FOR LEAVING                 | LAST SALARY                                    |

|                                    |  |
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| DATES EMPLOYED (FROM-TO)           | TITLE  |
| NAME AND TITLE OF SUPERVISOR       | TELEPHONE NUMBER                               |
| MAY WE CONTACT? YES _____ NO _____ | WAS EMPLOYMENT FULL TIME _____ PART TIME _____ |
| BRIEF DESCRIPTION OF DUTIES        |  |
| REASON FOR LEAVING                 | LAST SALARY                                    |

BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years.)

| NAME AND ADDRESS | OCCUPATION/ASSOCIATION | PHONE |
|------------------|------------------------|-------|
| 1.               |                        |       |
| 2.               |                        |       |
| 3.               |                        |       |

Person to be notified in case of emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published activities, honors received, etc. (You may omit all information that would indicate age, sex, race, religion, color, national origin, or handicap.)

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

**AGREEMENT** (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give *Salon De Christe'* any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and *Salon De Christe'* from liability for any damage that may result from furnishing same to *Salon De Christe'*.

I understand that *Salon De Christe'* and its client have agreed that *Salon De Christe'* will provide workers' compensation insurance coverage for its employees. In the event of any injury in the workplace, I agree that my sole remedy lies in coverage under *Salon De Christe's* workers compensation insurance policy.

If employed by *Salon De Christe'*, I agree to conform to the rules and regulations of *Salon De Christe'* and its client company to which I am assigned. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of either *Salon De Christe'* or myself. I further understand that no manager or representative of *Salon De Christe'* or its client company to which I am assigned, other than the owners of *Salon De Christe'*, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any assurance or promise of combined employment.

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to *Salon De Christe'* for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_