



**LACE XCLUSIVE**  
EXOTIC VIRGIN HAIR & CLOSURES

Lace Xclusive LLC • New Orleans LA 70117 • (866) 491-2720  
• jobs@laceexclusive.com • www.laceexclusive.com

# SALON EMPLOYMENT APPLICATION

**INSTRUCTIONS :**

Complete all necessary information. Please print clearly.

Date
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POSITION APPLYING FOR :	FULL TIME	PART TIME
Cosmetologist		Massage Therapist
Make Up Artist		Shampoo Assistant
Esthetician		Barber
Nail Technician		Intern (School _____)

**PERSONAL INFORMATION**

Last Name	First Name	M.I.	Social Security Number
Date of Birth	Gender	Ethnicity	
Mailing Address			
City	State	Zip Code	
Home Phone	Work Phone		
Cellphone	Email		
How did you hear about this job opening?			
Have you ever been convicted of a felony? Yes      No (NOTE: No applicant will be denied employment based solely on the grounds of a conviction of a criminal offense. The nature, date and surrounding circumstances of the offense and the relevance of the offense to the position(s) applied for, however, will be considered.)			
If yes, please explain fully:			

**EDUCATIONAL BACKGROUND/EXPERIENCE**

High School	Location	
From                      To	Did you graduate? Yes      No	Course of Study
College or Trade School	Location	
From                      To	Did you graduate? Yes      No	Course of Study

Training /Special Skills
Seminars
Awards/Certifications
Please list any additional knowledge, skills, qualifications, etc., that you think will be helpful while we consider your application for employment. (Please use back if additional space is needed).

COSMETOLOGY TRAINING	
Cosmetology School You Attended	
Other	
If applicable, do you have an Louisiana State Board Of Cosmetology License? Yes      No	
If no, please explain:	
When did you graduate from cosmetology school? If still in cosmetology school, when do you expect to graduate?	When would you be available to work?

EMPLOYMENT HISTORY		
Company Name:		
Phone	Contact Name	
Address		
City	State	Zip Code
Position Held		
Duties		
Employed From	To	Wage
Reason for leaving		

Company Name:		
Phone		Contact Name
Address		
City	State	Zip Code
Position Held		
Duties		
Employed From	To	Wage
Reason for leaving		
List the company names you do NOT wish us to contact:		
Do you have a legal right to be employed in the United States? Yes      No		

### REFERENCES

Name:		
Phone		Title
Address		
Name:		
Phone		Title
Address		
Name:		
Phone		Title
Address		

### AVAILABILITY : please list all the hours you are available to work

MONDAY - CLOSED		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY - CLOSED		
Are you able to work nights?    Yes      No		List nights available
If hired, when would you be available to begin work?		

Please describe your career goals and how you think Lace Xclusive can help you achieve these goals:

Why would you like to be a member of the Lace Xclusive Salon team and describe what qualifications you bring that would enhance the success of Lace Xclusive's Salon.

Please describe your school experience, and if applicable, your previous salon experience. What achievements and awards did you receive and highlight your successes:

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS APPLICATION IS TRUE. I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE A CONTRACT BETWEEN ME AND THIS COMPANY OR THE PROVISION OF ANY BENEFITS. To determine qualifications for employment, I authorize this salon to conduct an investigation of my employment. I understand that any false information furnished by me on this application may result in rejection of the application or if employed by this company, in termination of my employment.

Applicant Signature	Date
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\*PLEASE ATTACH A COPY OF YOUR RESUME IF YOU HAVE ONE  
 \*\* We suggest that you provide letters of recommendations or references we can contact.

Please read and initial each paragraph below. Initials indicate that you have read and understand each paragraph. If there is any section you do not understand, please contact us for clarification prior to initialing.

\_\_\_\_\_ I certify that all statements made in this application are true, correct and complete to the best of my knowledge.

\_\_\_\_\_ I further understand that deliberately false and/or misleading information may result in the termination of my employment.

\_\_\_\_\_ I authorize Lace Xclusive and/or its affiliates to conduct a background/reference check so that hiring decisions may be made. In the event Lace Xclusive is unable to verify any information given on this application, it is my responsibility to provide necessary proof/documentation.

You may      You may not Contact my current employer.

You may      You may not Contact the school(s) listed, for the release of my educational records.

\_\_\_\_\_ If accepted for employment with Lace Xclusive, I agree to abide by, and uphold, all its policies and procedures. If employed, I understand Lace Xclusive may terminate or modify the employment relationship at any time without prior or written notice/cause. In consideration of my employment, I agree to conform to and comply with all the rules and regulations of Lace Xclusive.

\_\_\_\_\_ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and the answers given by me on this application are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application is grounds for immediate discharge, if employed, regardless of time elapsed before discovery.

\_\_\_\_\_ My signature below certifies that I have both read and understood this entire application and I agree to adhere to all terms and conditions outlined in this document.

Applicant Signature	Date
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