

# The Salon Studios Rental Application

200 W. Bullard Ave. Suite F-1 Clovis, CA 93612

[www.thesalonstudios.com](http://www.thesalonstudios.com)

P) 559.324.8533 F) 559.324.8448

Please fill out **ALL** sections carefully and completely

## APPLICANT INFORMATION

Date: \_\_\_\_\_

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

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

## Type of Business applying for said Suite \_\_\_\_\_

\_\_\_\_ Cosmetologist    \_\_\_\_ Manicurist    \_\_\_\_ Esthetician    \_\_\_\_ Other

\_\_\_\_ Partnership    \_\_\_\_ Office Assistant

In the position that you are applying for do you have a state license? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain what type of license and in which state. \_\_\_\_\_

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

Years of License: \_\_\_\_\_

**Employment History** (Last Three years-Use separate sheet if necessary)

Company Name: \_\_\_\_\_

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

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we Contact? \_\_\_ Yes \_\_\_ No

Company Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we Contact? \_\_\_ Yes \_\_\_ No

Company Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we Contact? \_\_\_ Yes \_\_\_ No

Company Phone Number: \_\_\_\_\_

**Rental Employment History** (Last Three years-Use separate sheet if necessary)

Company Name: \_\_\_\_\_

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

Rental Date Started: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Rental Date Ended: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salon Owner/Manager Name: \_\_\_\_\_

Salon Owner/Manager Number: \_\_\_\_\_

May we Contact? \_\_\_ Yes \_\_\_ No

Company Name: \_\_\_\_\_

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

Rental Date Started: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Rental Date Ended: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salon Owner/Manager Name: \_\_\_\_\_

Salon Owner/Manager Number: \_\_\_\_\_

May we Contact? \_\_\_ Yes \_\_\_ No

Company Name: \_\_\_\_\_

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

Rental Date Started: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Rental Date Ended: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salon Owner/Manager Name: \_\_\_\_\_

Salon Owner/Manager Number: \_\_\_\_\_

May we Contact? \_\_\_ Yes \_\_\_ No

**HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? \_\_\_ YES \_\_\_ NO**

If YES, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently did such offense(s) was/were committed, sentence(s) imposed, and type of Rehabilitation (Use separate sheet if necessary).

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

**References** (List three personal references, not related to you, who have known you for one year or more)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

## Education

Type of School	Name of School	Location & Mailing Address	Years Completed	Major & Degree	State of License & Type
High School					
College					
Business or Trade School					
Professional School					

### Please Read before Signing:

I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this agreement and any accompanying documents is true and correct, with full knowledge that all statements made in this agreement are subject to investigation and that any false or dishonest answer to any questions may be grounds for denial or subsequent revocation of this agreement.

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

# OFFICE USE ONLY

DO NOT WRITE BELOW THIS LINE

Remarks:

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Neatness:	Character:
Personality:	Ability:

Hired	For Dept.	Position	Will Report	Salary Wages
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