



APPLICATION FOR EMPLOYMENT

Educator / Receptionist / Administrative Staff / Support Staff

Print last name here

Date

APPLICATION PROCEDURES

We are very pleased you have chosen to apply for employment to the Academy for Salon Professionals. This packet contains the form(s) needed for the application process.

For your application to be complete, you should do the following:

- Step 1: Gather information you will need to fill out your application, e.g. resume/CV, educational information
- Step 2: Complete the Application for Employment (DADMF017)
- Step 3: Hand in, fax, or mail your application to the Office of Admissions at the number/address below:

Fax: (408) 261-9292

or send to:

ATTN: Office of Admissions
Academy for Salon Professionals
2238 El Camino Real
Santa Clara, CA 95050

- Step 4: Applicants will be contacted via phone or e-mail if they are scheduled for an interview

PERSONAL INFORMATION

Date of birth MO DY YR

Social Security number

First name

Middle name

Last name

Address

City

State

Zip

Cell phone (include area code)

Home phone

E-mail address

BACKGROUND

Have you ever been convicted of a felony or a crime punishable by more than (1) one year?

- Yes No

Have you ever been convicted of a sex-related offense?

- Yes No

Are you now under any charge(s) for any offense(s) against the law?

- Yes No

Are you or have you ever been under treatment for or confinement for drug addiction or habitual drunkenness?

- Yes No

BACKGROUND (CONTINUED)

Are you currently the subject of any outstanding arrest warrant in any state or federal Jurisdiction?

Yes No

Have you ever been confined to any hospital or institution for mental illness?

Yes No

If you answered "yes" to any of the questions in this section, please give details which should includes dates, circumstances, and location(s).

POSITION

Position: Educator Receptionist Administration Support

Have you applied for a position with the Academy for Salon Professionals, at any location, for any position, before?

Yes No If yes, when? _____

Start date: Month _____ Year _____

Available on: Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday Holidays

If applying for an **Educator** position, please fill out the **Educator** section. If not, please skip to **Education**.

EDUCATOR

Program: Cosmetology Esthetics / Skin Care

Are you currently certified to serve as an Instructor in a California private postsecondary educational institution approved under California Education Code (CEC) Section 94915?

Yes No Certificate Number: _____

Please list your areas of advanced or specialized training (e.g. Redken Exchange, permanent makeup, Aromatherapy).

EDUCATION

Please list your formal education history, beginning from your most recent. Attach additional documents as needed.

_____	_____	_____
Institution or University name	City	State
_____	_____	_____
Year graduated	Major / minor (if applicable)	GPA
		Honors

EMPLOYMENT HISTORY

Please list your employment history, beginning from your most recent. Attach references as needed.

_____ Employer	_____ City	_____ State	_____ Phone
_____ Position	_____ Start date	_____ End date	_____ Salary

Please prepare a short paragraph outlining your duties in the above position.

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_____ Position	_____ Start date	_____ End date	_____ Salary

Please prepare a short paragraph outlining your duties in the above position.

HOW DID YOU HEAR ABOUT AFSP?

I hereby certify that I have completed all questions clearly and that the above information/records given here are complete and accurate. I understand and agree that it is subject to verification by Academy employees. I authorize the persons, employers, schools, and other organizations named to provide the Academy with any relevant information that may be required to come to a decision regarding employment. I release from liability all individuals, corporations, or organizations that provide such information.

I understand that a photocopy of this signed authorization is as valid as an original signed authorization and may be used by the Academy to request the release of information authorized.

I acknowledge that I have read this authorization, fully understand it, and fully and voluntarily agree to its provisions.

I understand that dismissal is the penalty for falsification of that information.

Date

Signature of applicant