



2580 Windy Hill Rd Ste 550    Business: 770.952.9882  
Marietta GA 30067              Fax: 770.952.9881

## APPLICATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date you can begin: \_\_\_\_\_

Position applying for / Your specialty: \_\_\_\_\_

Years of hair care experience: \_\_\_\_\_

Referred by: \_\_\_\_\_

Are you a convicted felon: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

What days/hours are you able to work: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Are you licensed in Georgia: \_\_\_\_\_

Describe any special skills you possess: \_\_\_\_\_

**References** – List last three consecutive jobs/positions held, beginning with present or last employer/shop. This section is mandatory. Please complete regardless of resume.

**Employer #1:** \_\_\_\_\_

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

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

Position: \_\_\_\_\_

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

Reference: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Employer #2:** \_\_\_\_\_

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

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

Position: \_\_\_\_\_

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

Reference: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Employer #3:** \_\_\_\_\_

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

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

Position: \_\_\_\_\_

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

Reference: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency family member to contact:

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

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

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

**Certification:**

I certify that the answers given are true and correct to the best of my knowledge. I authorized Good Look Barbershop to investigate any representations made by me, either oral or written, during my application for booth commission, and to conduct a complete investigation into my background. I understand that Good Look Barbershop may contact individuals or organizations other than those I have provided as a reference in this process. I hereby authorize and direct each such prior employer or other sources of information to answer any questions regarding my prior employment background. I hereby release all employees, companies, corporations, law enforcement agencies, schools, or other persons from any and all liability in responding to inquiries in connection with this application.

In the event I am commissioned a booth, I understand that false or misleading information given in this application (or in any interviews prior to booth commission) may result in my discharge. In the event I am commissioned a booth, I understand and agree that the agreement is entered voluntarily, and I may resign at anytime. I also understand and agree that Good Look Barbershop may terminate the arrangement for any reason, and at anytime, without previous notice. I further understand that the at-will nature of my arrangement cannot be altered by any oral agreement or understanding.

I HEREBY REPRESENT AND WARRANT, that I have read and fully understand the foregoing and seek booth commission under these conditions of my own free will.

Name Written / Date

\_\_\_\_\_/\_\_\_\_\_

Name Signed / Date

\_\_\_\_\_/\_\_\_\_\_