130 E Poplar Street
Fayetteville, AR 72703
479-527-6859
sierra@theolivetreesalonc.om
www.theolivetreesalon.com

Internal Use Only
Application Date_____ **Application No.**_____

Booth Rental Application

Thank you for your interest in renting booth space from The Olive Tree Salon. We consider all applicants and do not discriminate on the basis of any unlawful criteria. Approval for this lease agreement is at the will of the employee and the Company

Important Instructions/Information for Applicants

- Please Print all information with the exception of your signature.
- You Must complete this application IN FULL (i.e no "resume attached"). Make sure that all the information you supply is correct and complete. Failure to do so may result in disqualification or termination of Lease Agreement.
- Read carefully the authorization and applicant statement section on the last page, and sign and date where indicated

Applicant Information

Full Name:		
Date of birth:	SSN:	Cell Phone:
Email address:	Alternate Phone:	
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?

Do you currently possess a valid Driver's License? ∇ Yes ∇ No If yes, what State?

What Is your Drivers License Number? _____

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Criminal Convictions—Have you ever been convicted of a crime? ∇ **Yes** ∇ **No**

If yes, list **ALL** crimes, including misdemeanors, of which you have been convicted or to which you have pled guilt with the exception of minor traffic violations (i.e expired parking meters, speeding tickets, etc.) You must include DUI and Reckless Driving Convictions. Do not list any crimes for which you were arrested but not convicted**. Note:** a conviction will not necessarily disqualify you form you employment

Are you authorized to work in the United States? ∇ Yes ∇ No

Position you are applying for (Please **c**heck **ONE** only)

∇ Client Coordinator ∇ Stylist ∇ Apprentice/Assistant

∇ Nail Technician ∇ Esthetician ∇ Make-up Artist

Date Available to start work:

Please check **All** applicable services that you provide:

Nail Tech: ∇ Manicure ∇ Pedicure ∇ Acrylic/Gels

Esthetic: ∇ Make-up ∇ Hard Wax ∇ Soft Wax ∇ Facials ∇ Wraps

Stylist: ∇ Cut ∇ Color ∇ Perm ∇ Relaxer ∇ Up-dos ∇ Make-up ∇ Keratin Smoothing Treatments ∇ Extensions: Type_____

How did you find out about employment opportunities at The Olive Tree Salon?
(If you were referred by a current employee, please list the name.)

List any courses or training you have experienced that would be useful to the position you are seeking:

Education

Education	School Name and Location:	Graduation (Month/Year)	Degree/GPA
High School		Graduated or GED? Yes [] No []	
College		Date: Did not Graduate []	
Cosmetology or other		Date: Did not Graduate []	

IF Applicable, do you have an Arkansas State Board of Cosmetology License [] Yes [] No (Please attach a copy of your license with this application)

Do you have a cosmetology license from another state? [] Yes [] No (Please attach a copy of your license with this application)

Are you currently enrolled in Cosmetology School, when is your anticipated graduation date? _____

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Current and Previous Employment Information

Current employer (or Salon):			
Employer/Salon address:			Dates Employed (Month/Year) From To
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary Booth Rental (Please circle)	Annual income:	Booth Rent Amount:
Primary Responsibilities	Reason for Leaving		

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Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
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Emergency Contact

Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

References

Name:	Address:	Phone:

Work Availability

Current hours of operation for The Olive Tree Salon: Tuesday – Friday 8:00 am to 6:30 pm and Saturday 8:00 am to 2:00pm

Please indicate the hours of availability for each work day. (If you are not available to work for any specific day, please indicate N/A

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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Authorization and Applicant Statement

I authorize the verification of the information provided on this form as to my credit and employment.

If you are to be approved for the lease of booth rental space by the Company you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You will not be approved if you cannot comply with these requirements.

I certify that the facts contained in this application (and accompanying résumé, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation of this application is sufficient cause for refusal to approve, or dismissal if I have been employed, no matter when discovered by the company.
I understand that any approval/employment is conditioned upon a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such investigation disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create a lease agreement or employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the company. No promises regarding employment or approval have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing.

FOR JOB APPLICANTS ONLY: If I am offered employment I agree to submit to a medical examination (if requested) and drug test before starting work. If employed, I also agree to submit to medical examination or drug test at any time deemed appropriate by the Company as permitted by law. I consent to such examinations, testes, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personal file. I understand that my employment or continued employment, to the extent permitted by law is contingent upon satisfactory medical examinations and drug test.

If I am hired or approved for booth rental, a condition of my employment or lease agreement will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate that there is a position or booth open and does not obligate the Company to approve for lease or hire. If approved or hired, I agree to abide by al Company work rules, policies, values, and procedures. The Company retains the right to revise policies and procedures, in whole or in part, at any time

Signature of applicant:	**Date:**
Print Name:	