

Serenity Salon & Spa

Employee Application Form

This Information is Private & Confidential!

Please answer **each question** completely - and as honestly as possible - so we may support you fully in achieving **personal fulfillment**, as well as **professional and financial success**.

Today's Date: _____

Applicant's Name: _____

Home Address: _____

City: _____

State: _____ Zip Code: _____

Current Name of Salon or Spa where you work: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Position or Title: _____

Work Number: _____

Home Number: _____

Cell Number: _____

Fax Number: _____

E-mail Address: _____

Number of Years in the Industry: _____ Number of Years at current Salon / Spa: _____

Serenity Salon & Spa

Did you ever work at a previous Salon/Spa? _____ If so, how many years? _____

Tell me about your *background* in this Industry. _____

What do you want from Serenity Salon & Spa that you're not getting now? _____

What is most important to you in your next job at Serenity Salon & Spa? What expectations do you have?

Why did you apply for this position? _____

What are three goals you have for your business over the next 12-months?

1. _____

2. _____

3. _____

How do you plan to reach these goals? _____

Where would you like to be in 5 years? _____

Serenity Salon & Spa

What works to motivate you? _____

What were your reasons for leaving your last job? _____

What did you *like best* about your last job? _____

What *three things* drove you crazy in your last job?
1. _____
2. _____
3. _____

What do you *most want* to get out of working at Serenity Salon & Spa? _____

How will I know if Serenity Salon & Spa **is** *working for you*? _____

How will I know if Serenity Salon & Spa **is not** *working for you*? _____

Do you have reliable transportation? _____

How were you paid in last or current job? **Check appropriate one:**

Commission: _____ (If so, what % are you paid? _____ %)

Salary: What is the salary? _____

How many *days and hours* do you currently work per week? _____

Serenity Salon & Spa

How many *days and hours* would you like to work per week? _____

What are your average weekly *service* sales? \$ _____

What are your average weekly *retail* sales? \$ _____

What is your average weekly *Client count*? _____

What is your current *fee* for the following? Haircut: Men \$ _____ Haircut: Women \$ _____

Haircut: Children \$ _____ Color: \$ _____ Highlights: \$ _____ Facial: \$ _____

Microdermabrasion: \$ _____ Massage: \$ _____ Threading: \$ _____ Wax: \$ _____

Other: \$ _____

What *percent* of your business would you say is: Haircuts: _____ Color: _____

What method of *tracking* do you use for your business? (*Check appropriate item*)

Computer: _____ Manual Client Cards: _____ Memory: _____ No System: _____

Do you do any of the following? (*Check the appropriate items*) Newsletter: _____ (How often?)

New Client Follow-Up Call, Letter or E-mail: _____ Birthday Cards: _____

Holiday Cards: _____ Confirmation Calls: _____

If so, how soon before the appointment do you make the Call? _____

What do you **need** to earn? \$ _____ What do you **want** to earn? \$ _____

What *retail lines* do you currently sell? _____

What *motivates* you to support these lines? _____

Serenity Salon & Spa

Which *retail line* would you love to sell but never had the opportunity? _____

What do you currently do to *market* your business? _____

Who is your **most** favorite Client and why? _____

If you *do not* have a client, who would be your **ideal** Client and why? _____

Who is your **least** favorite Client and why? _____

If you *do not* have a client, what characteristics would your **least favorite** Client have and why? _____

Why would a client select you over another technician? What makes you special? _____

How would you deliver **extraordinary** service? _____

What are three things you most want to accomplish in your lifetime?
1. _____
2. _____
3. _____

If you could travel **anywhere** where would you want to go? _____

Serenity Salon & Spa

If money was not an issue, and fear was not present, *what would you dare to do?* _____

What would stop you from doing it? _____

What would *motivate you* to do it anyway? _____

There are *three ways* to send your completed application to us:

By Fax:

(973) 396-8895

By Mail:

Serenity Salon & Spa
Attn: Employment Manager
1405 Broad Street
Bloomfield, NJ 07003

By E-Mail:

SerenityCreativeDirector@verizon.net