



Kings Room South
8980 N. Rodgers Ct.
Suite K
Caledonia MI 49316
(616) 891-7599

Kings Room
982 28th St.
Rogers Plaza
Wyoming, MI 49509
(616) 532-0878

Kings Room South
5429 Northland Dr.
Suite C
Grand Rapids, MI 49525
(616) 363-1316

Employment Questionnaire

Date: _____

Name: _____ Maiden Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: (____) _____ Alternate Phone: (____) _____

Have you ever applied with our company before? Yes or No When? _____

Are you at least 18 years old? Yes or No Are you a legal citizen? Yes or No

Are you a licensed Cosmetologist or Barber? _____

What is your cosmetology/barber license number? _____

What cosmetology or barber school did you attend? _____

What year did you graduate? _____ Have you been Doing hair since you graduated? Yes or No If no explain _____

Are you able to perform the essential functions of the job position with or without reasonable accommodations? Yes or No If No what accommodations would you require?

What position are you looking for? _____

Are you interested in further education? Yes or No

If yes, in what areas? _____

What products knowledge do you have and how many years' experience with each line?

What do you like about this industry? _____

What don't you like about this industry? _____

Why are you interested in working for Kings Room Barbershop? _____

Describe your style/personality: _____

Why will you be an asset to Kings Room Barbershop? _____

What are your future goals (next 5 years)? _____

Employment History
List most recent employment first

Employer Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Date of Employment Beginning: _____ End: _____

Reason for Leaving: _____

Employer Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Date of Employment Beginning: _____ End: _____

Reason for Leaving: _____

Employer Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Date of Employment Beginning: _____ End: _____

Reason for Leaving: _____

EDUCATION

High School Name: _____ Diploma? Yes or No

College Name: _____ Did you receive a degree? Yes or No

If yes, what area of study is your degree in? _____

List any other training, awards or special achievements: _____

References

Name: _____ Phone: (____) _____

Relationship: _____ Years Known: _____

Name: _____ Phone: (____) _____

Relationship: _____ Years Known: _____

Name: _____ Phone: (____) _____

Relationship: _____ Years Known: _____

How did you heard about Kings Room barbershop? _____

If you were offered employment, what date would you be available to begin? _____

Which location would you prefer to work? _____

How many hours a week would you like to work? _____

Please list the days and hours you would be available to work: _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize Kings Room Barbershop to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

_____ I HAVE CAREFULLY READ THE ABOVE CERITFATION AND UNDERSTAND AND AREE TO ITS TERMS. (INITIAL)

APPLCANT SIGNATURE

DATE

PRINT NAME