Mariposa Salon & Spa

421 N. Carrollton Ave. Suite 2 New Orleans, LA 70119 mariposaspa.nola@gmail.com

Application for Employment

Please fill out the information below and bring in to the salon or email it to mariposaspa.nola@gmail.com. Thank you in advance, for helping us get to know you better.

Full name:	Date:				
Current Address:	Home Phone:				
City:	Cell Phone:				
State: Zip: Emai	1:				
What is the Month and Year you f	irst received you cosmetology				
license:					
If " not ", when is your State Board date? Or Apply for renewal?					
Are you seeking Full- Time or Part-Time employment?					
What position are you applying for	or?				
Desired income:	Date you can start:				
Did you include a portfolio?					
Why did you choose to apply at Mariposa Salon & Spa					
	-				
Do you currently have any Salon experience? Please explain:					
Do you consider yourself a leader	or a follower? Please explain:				
Are you employed now? If yes, w	thy do you want to leave that position?				

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If hired what would you hope to gain from working at Mariposa Salon?					
What are	your goals in the	he beauty indu	ıstry?		
List three	Professional /	Educational re	eferences:		
Name	Tittle	Relation	Phone Number		
List last tl	hree places of 6	emnlovment:			
	-		Phone Number		
How man	y guests do yo	u think you ca	n bring in weekly on your own?		
			RFORMANCE. ? Average service dollar/ guest?		
you like to	o have? (place _ a. 1X week _	an x in one th	culture. How much education would at applies): b. 1X monthc. 1X quar le per guest in school?		
	it happen?	Take nome sa	te per guest in schoot:		
Obviously choice?	y you would lik	ce to join our t	eam, why should you be our first		

Thank you again for completing this form.