

WOULD YOU LIKE  
TO BE PART OF  
OUR TEAM?



**"CREATING BEAUTY BY, DESIGN".**

## **DIVINITY DESIGN STUDIO**

To become one of our team members you will need to possess a passion for life as well as a serious commitment to learn about great customer service, along with a helpful attitude to create an exceptional workplace. We have created an exceptional reputation for quality service and products. We are always looking for people who can assist us in our mission of excellence in all areas. If you are looking to become part of a winning team, please fill out this application to the best of your abilities. Some questions may not apply to all areas. We are looking forward to getting to know you through our interview process.

What position(s) are you applying for:

\_\_\_\_\_ Hair Designer      \_\_\_\_\_ Assistant/Co-Designer      \_\_\_\_\_ Nail Technician

\_\_\_\_\_ Esthetician      \_\_\_\_\_ Front Desk Support      \_\_\_\_\_ Massage Therapist

Applicant's name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

**DIVINITY DESIGN STUDIO**

**1606 W. Ganson St.  
Jackson, MI 49202**

517.783-5330  
Fax: 517.783-4470

**[www.divinitydesignstudio.com](http://www.divinitydesignstudio.com)**

Divinity Design Studio is a high volume business with a work day that can be long and challenging. What makes you believe you can perform and excel under these working conditions?

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Divinity is a very service- oriented business. What does a great service mean to you?

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If you've ever been to Divinity, please describe what you enjoyed most about your experience?

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What experience or knowledge do you expect to gain from working at Divinity?

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When we check your references, what do you think they will name as your greatest strength?  
Your greatest weakness?

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As a team member, what would you expect from the owner, educators and other supervisors?

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**AGREEMENT- PLEASE READ CAREFULLY**

I hereby affirm that the information provided on this application (and accompany resume) is true to the best of my knowledge. I also agree that falsifying information or significant omissions may disqualify me from future consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated with or without cause at any time at the discretion of either the company or myself. I understand that no management official other that Divinity has any authority to enter into any agreement contrary to the foregoing or make any real oral assurance or promise of continued employment.

I authorize persons, schools, my current employer, and previous employers and organizations named in the application and (accompanying resume) to provide any relevant information that may be required to arrive at an employment decision. This includes Divinity's ability to obtain a report of my credit history, driving record and other information that may be necessary in making an employment decision.

Applicant's Signature:

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

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**REFERENCES:** (please no employers or relatives)

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation \_\_\_\_\_

EMERGENCY CONTACT:  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone(\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been convicted of a criminal offense? \_\_\_ Yes \_\_\_ No  
If Yes please provide details \_\_\_\_\_

Date \_\_\_\_\_ Place: \_\_\_\_\_ Nature \_\_\_\_\_

**EDUCATION**

School name	Address, City, State	Years attended	Degree/Major	Completed?
High School:				Yes No
College:				Yes No
Grad School:				Yes No
Other:				Yes No

Do you wish to work? \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_ No Preference \_\_\_\_\_

If part time please specify available hours/days \_\_\_\_\_

When are you available to begin working? \_\_\_\_\_ What are your pay/salary requirements? \_\_\_\_\_

Can you perform the essential functions of the position that you are applying for? \_\_\_ Yes \_\_\_ No

If no, please explain \_\_\_\_\_

Do you have any commitment to another employer that might affect your employment with us? \_\_\_\_\_

List hours of each day your are available:

Mon \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

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WORK HISTORY: Please list current or most recent first.

Employer: \_\_\_\_\_

Duties \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_

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

Employed (month/year) From \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Why did you decide to leave? \_\_\_\_\_

May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

Employer: \_\_\_\_\_

Duties \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_

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

Employed (month/year) From \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Why did you decide to leave? \_\_\_\_\_

May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

Employer: \_\_\_\_\_

Duties \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_

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

Employed (month/year) From \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Why did you decide to leave? \_\_\_\_\_

May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

