

Georgetown Aveda Employment Application

Georgetown Aveda Salon and Spa is an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualification and ability, without regard to race, religion, color, sex, age, national origin or disability. All information you provide is confidential.

Ways to submit this application:

1. E-mail:

aveda.georgetown@gmail.com

2. Mail to or drop off at: Aveda

Georgetown Salon & Spa
1325 Wisconsin Ave., NW
Washington, DC 20007

Position

Please indicate which position you are applying for.

Retail

- Sales Floor
- Makeup Artist
- Receptionist/ Retail team
- Management

Salon

- Hair Stylist
- Shampoo Assistant

Spa

- Esthetician
- Massage Therapist
- Nail Technician
- Spa Assistant

*** Hair stylists, estheticians, massage therapists and nail technicians are required to have DC license. If you are applying for one of these positions, do you have a valid DC license?**

Personal Information

First & Last Name _____ Phone # _____

Address _____ State & Zip _____

E-mail _____ Date of Birth _____ Social Security # _____

Have you previously been employed by any Aveda establishment? Yes No

If yes,
Which Aveda store(s) were you employed by? _____

Who was the store owner(s) and manager(s)? _____

Education

High School Name _____ Dates attended _____

Address _____

College Name _____ Dates attended _____

Address _____

Tell Us More About Yourself

1. Why are you interested in working Georgetown Aveda? _____

2. What Aveda products have you used? _____

3. Do you prefer team or individual goal? Why? _____

4. A special time in my life was when _____

5. In my spare time I like to _____

Rate the following on a scale of 1-5 (5 being the highest)

My current level of happiness 1 2 3 4 5

My interest in the environment 1 2 3 4 5

My people skills 1 2 3 4 5

Please list any additional skills that are relevant to the position you are applying for

Signature

I certify that the information provided in this employment application is correct to the best of my knowledge.

Signature _____ Name _____ Date _____

Previous Employment

1. Name of establishment _____
Address _____ Phone # _____
Employment period _____ Position held _____
Manager/supervisor name _____ Reason for leaving _____

2. Name of establishment _____
Address _____ Phone # _____
Employment period _____ Position held _____
Manager/supervisor name _____ Reason for leaving _____

3. Name of establishment _____
Address _____ Phone # _____
Employment period _____ Position held _____
Manager/supervisor name _____ Reason for leaving _____

Have you ever been asked to resign from a position? Yes No

If yes, please explain _____

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

Availability

Please indicate the days and hours when you are available to work.

Are you available to work Full Time Part Time

How many hours per week are you available to work? _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday