

Compass Salon Suites

Leasing Application

PERSONAL DATA

Name			
Last		First	Middle (or Maiden Name)
Address			
Street		City	State Zip Code
Previous Address if less than 2 years			
Street		City	State Zip Code
Cell Phone	Social Security No.		DOB
Business Name		Cosmetology/Professional License No.	
Federal Tax ID No. (EIN)		Email	
Referred By			
Educational History (Circle all that apply): High School - College/University Graduate School - Vocational/Technical School			

WORK HISTORY

Salon/Employer Name & Address	Dates Employed	<i>NOTE: Proof of income is required</i>
1	From:	Name of last Salon Owner or Supervisor?
	To:	May I Contact them? Phone Number:
	Booth rent or commission? Weekly Booth Rent? Commission Pay?	
	Annual Salary?	
2	From:	Name of last Salon Owner or Supervisor?
	To:	May I Contact them? Phone Number:
	Booth rent or commission? Weekly Booth Rent? Commission Pay?	
	Annual Salary?	
3	From:	Name of last Salon Owner or Supervisor?
	To:	May I Contact them? Phone Number:
	Booth rent or commission? Weekly Booth Rent? Commission Pay?	
	Annual Salary?	

Have you ever been convicted of or plead guilty to any criminal felony offense (in the past seven years)?

YES NO

Have you been released from confinement following a conviction for any criminal felony offence(s)?

YES NO

Are you presently charged with any felony violation(s) of law?

YES NO

If your response to any of the preceding questions was YES, please give the date(s), place, and nature of each such conviction or pending charge. (The existence of a conviction or pending charge will not necessarily preclude you from employment. The nature of the crime and its relationship to the position applied for, the degree of rehabilitation and the time elapsed since the crime or release from confinement will all be considered.) Explain below:

REFERENCES

<i>Professional</i>		
Name	Relationship	Phone No.
Name	Relationship	Phone No.
<i>Personal</i>		
Name	Relationship	Phone No.
Name	Relationship	Phone No.

EMERGENCY CONTACT

Name	Relationship	Phone No.
Name	Relationship	Phone No.

SUITE/STUDIO INFO

Space preference:	Special Requirements:
Intended services provided (circle all that apply): Styling - Cutting - Color - Highlighting - Extensions - Texturizing - Keratin Treatment - Hair Removal - Manicures - Pedicures - Nail Enhancements - Parafin Wax - Other:	

MISC

What is your idea of a good day at work? _____

How many clients do you have? _____

How many clients do you service per month? _____

TENANT CHECKLIST_____
Operators License (Cosmetology, Nail, Barber, etc.)_____
Fed Tax ID No._____
Articles of Inc. (DBA, LLC, etc.)_____
Copy of your previous year W-2 and/or 1099 forms**DISCLOSURES, ACKNOWLEDGEMENT & CONSENT**

Thank you for seeking to become a tenant at Compass Salon Suites. All qualified applicants over 18 years of age are considered regardless of race, creed, color, sex, religion, national origin, age, disability and any other reason protected by state and government law.

Compass Salon Suites often obtains Credit Reports of applicants seeking to lease a suite. Your consent is hereby given to Compass Salon Suites as represented by the undersigned to examine your credit history by performing an investigation where you have established credit. Receipt of this agreement and disclosure are hereby acknowledged.

Signature: _____

Date: _____

I hereby state that the information provided on this application by me is true in all respects. I agree that if I am accepted for leasing and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers or salon owners to release information pertaining to my work record, my work habits, and my work performance while in their employ or salon. I will read and abide by the rules outlined in any procedures manual that I may receive.

Signature: _____

Date: _____