JOB APPLICATION

Luxe Beauty Bar, LLC. 298 Palisade Ave, Cliffside Park, New Jersey 07010 (800)944-5893

Luxe Beauty Bar, LLC. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

| Applicant Information | | |
|---|----------|----|
| Applicant Name: | | |
| Address: | | |
| City, State and Zip Code: | | |
| Telephone Number: | | |
| Email Address: | | |
| Date of Application: | | |
| Employment Position Position(s) applying for: Hairstylist | | |
| How did you hear about this position? | | |
| What days are you available for work? | | |
| What hours or shift are you available for work? | | |
| If needed, are you available to work overtime? | | |
| On what date can you start working if you are hired? | | |
| Do you have reliable transportation to and from work? | | |
| Personal Information | | |
| Have you ever applied to or worked for Luxe Beauty Bar, LLC. before | ore? Yes | No |
| If yes, when? | | |
| | | |
| Are you 18 years of age or older? | Yes | No |
| Are you a U.S. citizen or approved to work in the United States? | Yes | No |
| What document can you provide as proof of citizenship or legal sta | itus? | |
| | | |
| Do you have any condition which would require job accommodatio | ns? Yes | No |

| If yes, please describe acc | commodations required below | | | | | | |
|--|--|---------------------------|------------------------|--|--|--|--|
| Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state the nature of the crime(s), when and where convicted and disposition | | | | | | | |
| Job Skills/Qualifications Please list below the skills | <u>s</u> and qualifications you possess | s for the position for wh | iich you are applying: | | | | |
| | | | | | | | |
| (Note: Luxe Beauty Bar, LLC. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.) Education and Training | | | | | | | |
| High School | | | | | | | |
| Name | Location (City, State) | Year Graduated | Degree Earned | | | | |
| College/University | | | | | | | |
| Name Name | Location (City, State) | Year Graduated | Degree Earned | | | | |
| Vocational School/Specia | alized Training | | | | | | |
| Name | Location (City, State) | Year Graduated | Degree Earned | | | | |
| Military: Are you a member of the | | | | | | | |
| What branch of the military did you enlist? What was your military rank when discharged? | | | | | | | |
| How many years did you | | | | | | | |
| What military skills do you possess that would be an asset for this position? | | | | | | | |
| | | | | | | | |

| Employer Name: | |
|---|---|
| Job Title: | |
| Supervisor Name: | |
| Employer Address: | |
| City, State and Zip Code: | |
| Employer Telephone: | |
| Dates Employed: | |
| Reason for leaving: | |
| Employer Name: | |
| Job Title: | |
| Supervisor Name: | |
| Employer Address: | |
| City, State and Zip Code: | |
| Employer Telephone: | |
| Dates Employed: | |
| Reason for leaving: | |
| Employer Name: | |
| Job Title: | |
| Supervisor Name: | |
| Employer Address: | |
| City, State and Zip Code: | |
| Employer Telephone: | |
| Dates Employed: | |
| Reason for leaving: | |
| | |
| References | |
| Please provide 3 personal and profes | ssional reference(s) below: |
| Reference | Contact Information |
| | |
| | |
| | |
| AT-WILL EMPLOYMENT | |
| _ | he Luxe Beauty Bar, LLC. is referred to as "employment at will." |
| • | an be terminated at any time for any reason, with or without cause, |
| | Luxe Beauty Bar, LLC No representative of Luxe Beauty Bar, |
| _ | any agreement contrary to the foregoing "employment at will" |
| • | ur employment is "at will," and that you acknowledge that no oral or |
| • | ns regarding your employment can alter your at-will employment |
| Status, except for a written stateme Operations Officer or the Company's | ent signed by you and either our Executive Vice-President/Chief President |
| Specialistic Silicer of the Company 3 | . 100,00116 |
| Applicant Cinnature | Data di |
| Applicant Signature: | Dated: |