

Please complete the form fields below. If you have trouble emailing the form, please print and hand deliver or mail to Salon LeChene at the address below.



259 Grande Heights Drive, Cary, North Carolina 27513 | 919.302.1674 | salonlechene@gmail.com

Thank you for your interest in booth rental at Salon LeChene. All applicants must be at least 18 years of age and will be considered based on qualifications regardless of age, race, color, creed, sex, religion or disability and any other reason protected by law.

## Booth Rental Application

Number of Booths Applying for: \_\_\_\_\_ Desired Start Date of Lease: \_\_\_\_\_

### Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street / Apt. # City, State ZIP Code

Previous address if less than 2 years:

\_\_\_\_\_   
Street / Apt. # City, State ZIP Code

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Referred by: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Cosmetology License #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Have you been disciplined by any State or Local Agency? YES NO YES NO

Are you presently charged with any felony violations of law? YES NO

If YES, please provide details including date(s), place(s), and nature of each conviction or pending charge :  
  
(The existence of a conviction or pending charge will not necessarily preclude your from leasing or employment. The nature of the crime and its relationship to the lease or position applied for, the degree of rehabilitation and the time elapsed since the crime or release from confinement will all be considered.)

### Education History (Check all that apply)

High School  College / University  Graduate School  Vocational/Technical School

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Work History

Salon or Employer Name & Address:	Dates of Employment/Lease & Reason(s) for Leaving:	Name of last Salon Owner/Supervisor:
1. _____	From: _____ To: _____	May I Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone # : _____
Weekly Amount of Booth Rent: \$ _____	OR	Percentage of Commission Pay: % _____
		What was your Annual Salary? \$ _____
2. _____	From: _____ To: _____	May I Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone # : _____
Weekly Amount of Booth Rent: \$ _____	OR	Percentage of Commission Pay: % _____
		What was your Annual Salary? \$ _____
3. _____	From: _____ To: _____	May I Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone # : _____
Weekly Amount of Booth Rent: \$ _____	OR	Percentage of Commission Pay: % _____
		What was your Annual Salary? \$ _____

## References

*Please list three references.*

Full Name: _____	Relationship: _____
Address: _____	Phone: _____
Full Name: _____	Relationship: _____
Address: _____	Phone: _____
Full Name: _____	Relationship: _____
Address: _____	Phone: _____

## ACKNOWLEDGMENT AND CONSENT STATEMENT

*I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my dismissal without notice. I hereby authorize Salon LeChene to obtain my credit report and criminal history report. I will read and I hereby agree to be bound by the rules outlined in any procedure manuals, lease documents, rules and regulations publications that I may receive.*

*I understand and agree that, if I am accepted for leasing a Booth by Salon LeChene, my lease will be for a duration of at least one year. By checking the box below I acknowledge that I have read and understand the Consent Statement on this Application.*

*I agree to the terms above (required).*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_