

BOOTH RENTAL APPLICATION

The Loft Salon Temecula
31217 Pauba Rd Suite 202 Temecula, CA 92592

Applicant Full Name: _____

I am interested in:

FULL TIME: 6 days a week, Monday to Saturday, closed Sundays.

Lease includes include one mirror, one cabinet, one mat, one chair and one back bar locker provided by Owner. Lease payments shall be pre-paid weekly in the amount of **\$210** per week.

PART TIME: 3 days a week, Monday to Saturday, closed Sundays.

Lease includes include one mirror, one cabinet, one mat, one chair and one back bar locker provided by Owner. Lease payments shall be pre-paid weekly in the amount of **\$165** per week.

Please select days which days you would like to request.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Days are dependent on booth availability

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Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____ Mobile phone: _____

Driver's License: _____ Cosmetology License (State/#): _____

Education/Training

School Name _____ Year Graduated _____

Previous Salon Experience

Name _____ Years worked _____

Address _____

Name _____ Years worked _____

Address _____

Business References (additional to previous salon experience)

Contact Name: _____ Relationship: _____

Address: _____

City/State/ZIP: _____ Phone: _____

Contact Name: _____ Relationship: _____

Address: _____

City/State/ZIP: _____ Phone: _____

Applicant's Skills

Do you have an existing clientele? YES NO

Please provide 5 pictures that identify you as a stylist.

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CERTIFICATION

It is the policy of The Loft Salon Temecula to provide equal opportunities to all applicants without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application and could result in cancellation of any booth rental agreement.

I authorize The Loft Salon to contact former employers, educational organizations, and references, regarding my employment and experience. I authorize my former employers and educational organizations, and references, to fully and freely communicate information regarding my previous experience.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE