
Interview 1: Application Form - Technicians

This Information is Private & Confidential!

*Please answer each **question** completely—and as honestly as possible—so we may support you fully in achieving personal fulfillment, as well as professional and financial success.*

Today's Date: _____ What Position are you applying for? _____

Applicant's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Current Name of Employer where you work: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Current Position or Title: _____

Work Number: _____ Home Number: _____

Cell Number: _____ Fax Number: _____

E-mail Address: _____

Number of Years in the Industry: _____ Number of Years at current Employer: _____

Tell us about your *background* in this Industry. _____

What do you want from your next Job/Career that you're not getting now? _____

What is most important to you in your next Job? What expectations do you have? _____

What attracted you to this Position? _____

What are Three Goals you have for your Business over the next 12 months?

1. _____
2. _____
3. _____

How do you plan to reach these Goals? _____

Where would you like to be in 5 years? _____

What *works* to motivate you? _____

What were your reasons for leaving your last job? _____

What did you *like best* about your last job? _____

What *three things* drove you crazy in your last job?

1. _____
2. _____
3. _____

What do you *most want* to get out of working at our business? _____

How will I know if our place of business is *working for you*? _____

How will I know if *you are stuck*? _____

Do you have reliable transportation? _____

How were you compensated in your last or current job? *Check appropriate one:*

Commission: _____ (If so, what % were/are you paid? _____ %) Booth Rental: _____
(How much in rent did/do you pay?) _____ Salary: (What was/is the salary?) _____

How many *days* and *hours* do you currently work per week? _____
How many *days* and *hours* would you like to work per week? _____

Do you have any commitments that would restrict you from working certain days/hours? Yes ___ No ___
If so, what are they? _____

What are your average weekly **Service** sales? \$ _____
What are your average weekly **Retail** sales? \$ _____
What is your average weekly **Client count**? _____

What is your current **FEE** for the following? Haircut: Men \$ _____ Women: \$ _____
Manicure: \$ _____ Pedicure: \$ _____ Facial: \$ _____ Massage: \$ _____

What method of *tracking* do you use for your business? (*Check appropriate item*)
Computer: _____ Manual Client Cards: _____ Memory: _____ No System: _____

Do you do any of the following? (*Check the appropriate items*) Newsletter: _____ (How often?)

New Client Follow-Up Call or Letter: _____ Birthday Cards: _____ Holiday Cards: _____
Confirmation Calls: _____ If so, how soon before the appt. do you make the Call? _____

What do you **need** to earn? \$ _____ What do you **want** to earn? \$ _____

What *Retail lines* do you currently sell? _____

How do you think selling retail enhances the client experience? _____

What do you currently do to *market* your Business? _____

What do you believe are your Top three strengths?

1. _____
2. _____
3. _____

What do you believe are your Top three areas needing improvement?

1. _____
2. _____
3. _____

Why would a client select you over another Service Provider? What makes you unique? _____

How would you deliver Extraordinary Guest experience? _____

What do you like and admire most about your best friend? Describe him or her in detail: _____

What are *three things* you most want to accomplish in your lifetime?

1. _____

2. _____

3. _____

If you could travel anywhere – where would you want to go? _____

If money was not an issue – and fear was not present – *what would you dare to do?* _____

What kinds of trainings do you feel are most beneficial and why? _____

How would your previous owner/manager describe you? _____

How do you see yourself contributing to the growth of our Company? _____

Describe in detail your *Ideal Career and Workplace*: _____

TEAM MEMBER SELF ASSESSMENT

Please RATE your Skill Level in each of these Areas from 1 to 10 (10 being the highest and best).

- _____ Communication Skills (able to effectively communicate your feelings, concerns & upsets)
- _____ The ability to connect with others & create long term relationships
- _____ Time management skills
- _____ Organizational skills
- _____ Attention to details (getting it done right the first time)
- _____ Positive attitude
- _____ Loyalty to team and company
- _____ Passionate & enthusiastic
- _____ Reliability
- _____ Selling skills
- _____ Customer service (making clients the Top priority)
- _____ Ongoing education and personal development
- _____ Professional demeanor
- _____ Follow through
- _____ Taking pride in how you look professionally
- _____ Personal hygiene
- _____ Self-Motivated and Pro-Active
- _____ Team Player (*WIT: Whatever It Takes*)
- _____ Lead a balanced life
- _____ Admired and respected by others
- _____ Inspiring and uplifting to be around
- _____ Financial responsible and stable
- _____ Reliable, trustworthy and accountable
- _____ Keep workspace clean & organized
- _____ Reliable transportation
- _____ Patient and compassionate
- _____ Good sense of humor
- _____ Flexible
- _____ Being on time
- _____ Coachable (Ability to hear and accept constructive feedback and make necessary changes)
- _____ Organizing your day based on priorities & proceeding in order of importance
- _____ Honor your time commitments (Complete tasks in a timely & efficient manner)
- _____ Phone skills