**Salon Suite Application**

**Imagique Salon Suites** strives to maintain a professional image to the public and the beauty industry. The following information will be held in confidence..

**First Name:**  **Last Name:**

**Address:**

**City: Zip:**

**Email:**

**Mobile #:**

**Professional License Number:**

**Renewal Date:**

**Type of License:**

**Current Salon Name:**

**Date Worked From: To:**

**Are you currently on Salary, Commission or Rental?**

**Location Applying for: N. Plano S. Plano Richardson**

**Desired Suite Number:**

**Desired Date of Occupancy:**

**How Did You Hear About Imagique?**

In the past seven years:

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

Have you been convicted of or plead guilty to any criminal or felony offense? YES NO

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

Have you ever been evicted for any reason from a Landlord? YES NO

Have you ever broken a Lease Agreement? YES NO

If your answer is YES to any of the preceding questions or any part of the questions, please provide the detail below to include the date, place and nature of each such conviction(s) or pending charge(s). *(The existence of a conviction or pending charge will not necessarily preclude you 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.)*

**EXPLAIN:**

**PERSONAL REFERENCES (aside from family members):**

**Name: Address: Phone:**

1.

2.

**EMERGENCY CONTACT:**

**Name: Address: Phone:**

1.

2.

**SOCIAL SECURITY NUMBER:**

**DRIVERS LICENSE NUMBER:**

**DATE OF BIRTH:**

**Acknowledgement and Consent Statement:**

I authorize Imagique Salon Suites, its subsidiaries and affiliates, to make inquires as necessary to verify the accuracy of the statements.

**Signature: Date**

**Signature: Date**