

SALLY BEAUTY SUPPLY LLC

P.O. Box 490
Denton, TX 76202



(PLEASE PRINT)

TODAY'S DATE _____ POSITION DESIRED _____
SALARY DESIRED _____ DATE AVAILABLE _____

P E R S O N A L I N F O R M A T I O N	NAME _____	PHONE # _____																									
	ADDRESS _____	CELL PHONE # _____																									
	CITY, STATE, ZIP _____	AGE (IF UNDER 18) _____																									
	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES ___ NO ___	ARE YOU ON LAYOFF FROM ANY COMPANY OR SUBJECT TO RECALL BY ANY OTHER COMPANY? YES ___ NO ___ IF YES, WHAT COMPANY _____																									
	HAVE YOU EVER WORKED FOR SALLY BEAUTY SUPPLY LLC, BEAUTY SYSTEMS GROUP LLC, ARMSTRONG-McCALL, L.P., COSMOPROF, INNOVATIONS-SUCCESSFUL SALON SERVICES, OR WEST COAST BEAUTY SUPPLY CO.? YES ___ NO ___ WHERE? _____ WHEN? _____	DO YOU HAVE A NON-COMPETE AGREEMENT THAT WOULD KEEP YOU FROM WORKING HERE? YES ___ NO ___ IF YES, PLEASE EXPLAIN _____																									
	FOR US TO VERIFY YOUR WORK RECORDS, ARE THERE ANY NICKNAMES, USES OF AN ASSUMED NAME OR CHANGES OF NAME THAT WE NEED TO BE AWARE OF? YES ___ NO ___ IF SO, WHAT NAME _____	IF YOU ARE APPLYING FOR A POSITION WHICH REQUIRES YOU TO DRIVE A PERSONAL AUTOMOBILE, ANSWER THESE QUESTIONS: DO YOU HAVE A VALID DRIVER'S LICENSE? YES _____ NO _____ DO YOU HAVE A CAR WHICH YOU CAN USE TO PERFORM THE JOB? YES _____ NO _____ DO YOU HAVE CURRENT STATE REQUIRED LIABILITY INSURANCE? YES _____ NO _____																									
	CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS (INDICATE TYPES AND DATES RECEIVED): _____ _____ _____	WITHIN THE LAST 7 YEARS, HAVE YOU BEEN CONVICTED OF, OR COMPLETED YOUR SENTENCE OR PAROLE FOR A CRIME INVOLVING VIOLENCE, SEX, STALKING MINORS, THEFT, PROPERTY DAMAGE, FRAUD, ROBBERY OR DRUGS?* <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU CURRENTLY CHARGED WITH A CRIME INVOLVING VIOLENCE, SEX, STALKING MINORS, THEFT, PROPERTY DAMAGE, FRAUD, ROBBERY OR DRUGS?** <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE THE DATE OF EACH INSTANCE AND THE NATURE OF THE OFFENSE. USE ADDITIONAL SHEETS IF NECESSARY. _____ _____																									
	HAVE YOU EVER INITIATED OR THREATENED AN ACT OF VIOLENCE IN THE WORKPLACE? YES ___ NO ___ PLEASE EXPLAIN _____	_____ _____																									
	WHAT LANGUAGES DO YOU SPEAK, READ OR WRITE? <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align:center;">FLUENT</td> <td style="text-align:center;">SOME</td> <td style="text-align:center;">READ</td> <td style="text-align:center;">WRITE</td> </tr> <tr> <td>_____</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>		FLUENT	SOME	READ	WRITE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>*Crimes include felonies, misdemeanors, and other violations of the law. However, you should not respond "yes" as a result of any conviction that has been judicially sealed, expunged or pardoned. Conviction of a crime will not necessarily disqualify you from consideration for employment and will be considered only as it relates to the job in question. CALIFORNIA residents do not respond "yes" for (i) conviction records that have been sealed or expunged by court order or statutorily eradicated; (ii) misdemeanor convictions for which you have successfully completed or otherwise discharged probation; (iii) misdemeanor marijuana convictions if the conviction occurred more than two years ago (iv) any past arrest or detention not resulting in a conviction; or (v) any referral to or participation in any pretrial or post trial diversion program. HAWAII residents do not answer this question. LOUISIANA residents do not respond "yes" as a result of any misdemeanor conviction where the date of the conviction or the completion of incarceration, whichever date is later, occurred more than five years ago. PENNSYLVANIA residents do not respond "yes" as a result of a summary offense.</p> <p>**Residents of HAWAII, LOUISIANA, MARYLAND, MASSACHUSETTS, NEVADA, PENNSYLVANIA, RHODE ISLAND and UTAH, do not answer this question. Residents of MICHIGAN, do not answer "yes" as a result of pending misdemeanor charges.</p>
		FLUENT	SOME	READ	WRITE																						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
NAME OF RELATIVES EMPLOYED BY SALLY BEAUTY SUPPLY LLC, BEAUTY SYSTEMS GROUP LLC, ARMSTRONG-McCALL, L.P., COSMOPROF, INNOVATIONS-SUCCESSFUL SALON SERVICES, OR WEST COAST BEAUTY SUPPLY CO.? NAME _____ DEPT. _____ RELATIONSHIP _____																											

E D U C A T I O N	CHECK THE HIGHEST LEVEL OR EQUIVALENT COMPLETED:				DO YOU HAVE A DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	ELEMENTARY SCHOOL <input type="checkbox"/> 8 OR LESS	HIGH SCHOOL <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	COLLEGE/TECH <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	GRADUATE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	TYPE OF DEGREE _____			
	NAME OF COLLEGE, UNIVERSITY OR VO-TECH ATTENDED: _____							
	PLEASE FILL IN THE HOURS YOU ARE AVAILABLE TO WORK:				HAVE YOU EVER...			
				WAITED ON CUSTOMERS? YES ___ NO ___ TYPING: WORDS PER MINUTE				
				OPERATED A CASH REGISTER? YES ___ NO ___				
				STOCKED MERCHANDISE? YES ___ NO ___				
				OPERATED A FORKLIFT? YES ___ NO ___				
				USED A COMPUTER? YES ___ NO ___				
				ATTENDED COSMETOLOGY SCHOOL? YES ___ NO ___				
				LIST ANY SOFTWARE YOU HAVE USED: _____				

EQUAL OPPORTUNITY EMPLOYER

WORK HISTORY

PLEASE LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH YOUR PRESENT OR LAST PLACE OF EMPLOYMENT. YOU MAY INCLUDE ANY VERIFIABLE WORK PERFORMED IN THE U.S. MILITARY, VOLUNTEER WORK, OR INTERNSHIPS.

FROM	EMPLOYER	JOB TITLE:	BEGINNING SALARY
	ADDRESS	JOB DUTIES:	FINAL SALARY
TO	CITY, STATE, ZIP	SUPERVISOR AND TITLE	
	PHONE NUMBER	REASON FOR LEAVING	MAY WE CONTACT? YES__ NO __
FROM	EMPLOYER	JOB TITLE:	BEGINNING SALARY
	ADDRESS	JOB DUTIES:	FINAL SALARY
TO	CITY, STATE, ZIP	SUPERVISOR AND TITLE	
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TO	CITY, STATE, ZIP	SUPERVISOR AND TITLE	
	PHONE NUMBER	REASON FOR LEAVING	MAY WE CONTACT? YES__ NO __

REFERENCES

LIST 3 WORK, SCHOOL OR PERSONAL REFERENCES WHOM WE MAY CONTACT. DO NOT LIST PEOPLE WHO ARE RELATED TO YOU.

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NAME	PHONE #	HOW LONG HAVE YOU KNOWN THIS PERSON?	RELATIONSHIP TO YOU	TYPE OF REFERENCE
				_ SCHOOL _ WORK _ PERSONAL
				_ SCHOOL _ WORK _ PERSONAL
				_ SCHOOL _ WORK _ PERSONAL

IN CASE OF EMERGENCY, PLEASE CONTACT

Name Address City State Zip Phone #

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I understand in filling out this application that the prospective employing company-whether Beauty Systems Group, LLC, Armstrong-McCall L.P., CosmoProf Stores, Innovations-Successful Salon Services or Neka Salon Supply, Inc. (hereafter, "Company") is in no way obligated to offer me employment. I certify that the facts set forth in my application for employment are true, correct, and complete. I agree that any misrepresentation or false statement on this application shall be considered grounds for rejecting this application, rescinding a tentative job offer or immediate discharge if discovered after hire. I authorize the Company to investigate any of the information contained on this application, including the examination of past employment, records, licenses, certificates, references, and other facts stated on the application. I waive any rights which I may have to receive written notice from any former employer listed on this application regarding the release to the Company of any disciplinary action taken against me by said former employers. I hereby release and discharge the Company and any person or entity from whom any such information is obtained from any liability whatsoever related to the use or disclosure of such information.

I understand that I may be required to sign an agreement that contains clauses requiring non-disclosure and non-use of confidential information both during employment and thereafter and restriction on employment by others involving similar products or processes worked on for the Company, should I become an employee of the Company. I understand that I may be required to successfully complete a post-offer medical examination as a condition of employment, including drug and alcohol testing, and I agree to take such examination.

I understand and agree that I may be required as a condition of my employment and/or continued employment, and to the extent permitted by federal, state, and local law, to submit to a urinalysis, blood alcohol, or breath alcohol drug test to determine the presence of controlled substances. I understand and agree that if the test results indicate that I have violated the Company's rules on controlled substances, I will be ineligible for employment with the Company at that time and/or subject to disciplinary action up to and including immediate discharge. I also understand that the Company has a substance abuse policy available for my review and I will abide by its terms.

If hired, I agree and understand that either Company or I may terminate my employment and compensation at any time, with or without cause, and with or without notice. I further understand that no one employed by the Company (other than the President through a specific individual written contract naming the individual and signed by both the President and the individual), has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing. Any written or oral statement or promises to the contrary are hereby expressly disavowed and should not be relied upon by prospective employees or during employment. I also understand and agree that any policies, procedures or benefits may be unilaterally changed, modified or discontinued at any time at the sole discretion of the Company.

I acknowledge that there are positions within the Company, such as many store manager positions, where the hours of work fluctuate from week to week, though the employee is compensated on a fixed salary basis. In the event I am ever employed in one of these positions, I understand and agree that my fixed salary constitutes compensation for all hours worked in each work week, whatever their number. In the event I am entitled by law to an overtime premium, I understand and agree that this premium will be based upon one and one-half of my equivalent hourly rate.

Connecticut Applicants Only: This applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the record of which have been erased pursuant to Connecticut General Statute section 46b-146, 57-76o or 54-142a. Criminal records subject to erasure pursuant to Connecticut General Statute section 46b-146, 57-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to Connecticut General Statute section 46b-146, 57-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Maryland Applicants Only: Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of misdemeanor and subject to a fine not exceeding \$100.

Massachusetts Applicants Only: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

An applicant for employment need not disclose a first conviction for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, or affray of disturbance of the peace. An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an injury herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

Minnesota Applicants Only: The Minnesota Personnel Statute provides that employees have the right to review their personnel records upon written request made in good faith, once every six months. If the employee so requests, the employer will provide a copy of the personnel records to the employee at no charge. If the employee disputes information contained in the personnel records, and agreement is not reached to remove or revise the disputed information, the employee may submit a written statement, not exceeding five pages, identifying the disputed information and explaining the employee's position, which statement will be included as part of the employee's personnel records. The employer will not retaliate against its employees for asserting their rights under the Statute. If the employer violates the requirements of the Statute, the employee may bring a civil action to compel compliance and for actual damages, plus costs. If the employer retaliates against an employee for asserting rights under the Statute, the employee may bring a civil action for actual damages, back pay, reinstatement or other make-whole, equitable relief, plus reasonable attorney's fees.

California Applicants Only: Do not include convictions under California Health and Safety Code Sections 11357(a) or (b), 11360(c), 11364, 11365 or 11550 related to marijuana which occurred two or more years before this application.

Pennsylvania Applicants Only: You are not required to disclose misdemeanor convictions.

Washington State Applicants Only: You are only required to disclose convictions if the conviction or release from incarceration resulting from the conviction occurred in the last seven years.

Illinois Applicants Only: You are not obligated to disclose sealed or expunged records of conviction or arrest.

Georgia Applicants Only: Applicants are not required to disclose information pertaining to any "first offender discharge."

Hawaii Applicants Only: Do not answer the question at this time. You will only have to answer this question if you receive a conditional employment.

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the Company after this application expires, it will be my responsibility to fill out a new application and file it. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I have read and understand those above state law provisions applicable to me.

Signature of Applicant _____ Date _____

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

