



APPLICATION FOR EMPLOYMENT

P.O. Box 490 Denton, TX 76202

EQUAL OPPORTUNITY EMPLOYER

SALLY BEAUTY SUPPLY LLC (PLEASE PRINT)

TODAY'S	DATE
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SALARY DESIRED_____

POSITION DESIRED_____

DATE AVAILABLE_____

Р	NAMEADDRESS				
ERSONAL INFORMATION	CITY, STATE, ZIP	AGE (IF UNDER 18)			
	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO HAVE YOU EVER WORKED FOR SALLY BEAUTY COMPANY, INC. BEAUTY SYSTEMS GROUP, INC., VICTORY BEAUTY SYSTEMS, INC., NEKA SALON SUPPLY, INC., ARMSTRONG-MCALL, L.P., OR WEST COAST BEAUTY SUPPLY CO.?	YES NO DO YOU HAVE CURRENT STATE REQUIRED LIABILITY INSURANCE?			
	YES NO WHER? WHEN? FOR US TO VERIFY YOUR WORK RECORDS, ARE THERE ANY NICKNAMES, USES OF AN ASSUMED NAME OR CHANGES OF	YES NO HAVE YOU BEEN CONVICTED OF, OR PLEAD GUILTY OR NOLO CONTENDRE TO, A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION IN LAST 5 YEARS? (SEE INFORMATION ON BACK BEFORE RESPONDING) YES NO IF YES, PLEASE PROVIDE THE DATE OF EACH INSTANCE AND THE NATURE			
	NAME THAT WE NEED TO BE AWARE OF? YES NO IF SO, WHAT NAME CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS	OF THE OFFENSE. USE ADDITIONAL SHEETS IF NECESSARY.			
	(INDICATE TYPES AND DATES RECEIVED):	IN ASSESSING YOUR QUALIFICATIONS FOR EMPLOYMENT. NAME OF RELATIVES EMPLOYED BY SALLY BEAUTY COMPANY, INC., BEAUTY SYSTEMS GROUP, INC. VICTORY BEAUTY SYSTEMS, INC., NEKA SALON SUPPLY, INC.ARMSTRONG-MCALL, L.P., OR WEST COAST BEAUTY SUPPLY CO.?			
IN	HAVE YOU EVER INITIATED OR THREATENED AN ACT OF VIOLENCE IN THE WORKPLACE? YES NO PLEASE EXPLAIN	NAME DEPT RELATIONSHIP			
	WHAT LANGUAGES DO YOU SPEAK, READ OR WRITE? FLUENT SOME READ OR WRITE	ARE YOU ON LAYOFF FROM ANY COMPANY OR SUBJECT TO RECALL BY ANY OTHER COMPANY? YES NO IF YES, WHAT COMPANY			
		DO YOU HAVE A NON-COMPETE AGREEMENT THAT WOULD KEEP YOU FROM WORKING HERE? YES NO IF YES, PLEASE EXPLAIN			
E D U	CHECK THE HIGHEST LEVEL OR EQUIVALENT COMPLETED: ELEMENTARY SCHOOL HIGH SCHOOL COLLEGE/TECH GRADUATE TYPE OF DEGREE 9 10 11 12 1 2 3 4 1 2 3 4				
C A	NAME OF COLLEGE, UNIVERSITY OR VO-TECH ATTENDED:	HAVE YOU EVER			
T I	PLEASE FILL IN THE HOURS YOU ARE AVAILABLE TO WORK.	WAITED ON CUSTOMERS? YES NO TYPING: WORDS OPERATED A CASH REGISTER YES NO PER MINUTE			
O N	Sun Mon Tues Wed Thurs Fri Sat From Image: Sat Image: Sat Image: Sat Image: Sat Image: Sat To Image: Sat Image: Sat Image: Sat Image: Sat Image: Sat	STOCKED MERCHANDISE? YES NO OPERATED A FORKLIFT? YES NO USED A COMPUTER? YES NO LIST ANY SOFTWARE YOULHAVE USED:			
		LIST ANY SOFTWARE YOU HAVE USED:			

Rhode Island employees: This employer is subject to Chapters 29-38 of Title 28 (Labor and Labor Relations) of General Laws of Rhode Island.

WORK HISTORY

(PLEASE LIST BELOW YOUR LAST FOUR 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	FROM EMPLOYER		JOB TITLE:	BEGINNING SALARY				
		ADDRESS	ADDRESS		JOB DUTIES:			
						FINAL SALARY		
ТО		CITY, STATE, ZIP	CITY, STATE, ZIP		SUPERVISOR AND TITLE			
		PHONE NUMBER		REASON FOR LEAVING		MAY WE CONTACT? YESNO		
FROM	1	EMPLOYER		JOB TITLE:		BEGINNING SALARY		
		ADDRESS		JOB DUTIES:				
					FINAL SALARY			
ТО	TO CITY, STATE, ZIP		SUPERVISOR AND TITLE					
PHON		PHONE NUMBER	PHONE NUMBER		REASON FOR LEAVING			
FROM		EMPLOYER	EMPLOYER		JOB TITLE:			
		ADDRESS	ADDRESS		JOB DUTIES:			
		CITY, STATE, ZIP		SUPERVISOR AND TITLE		FINAL SALARY		
ТО								
PHONE NUMBER			REASON FOR LEAVING		MAY WE CONTACT? YES NO			
FROM		EMPLOYER	EMPLOYER		JOB TITLE:			
		ADDRESS	ADDRESS		JOB DUTIES:			
ТО		CITY, STATE, ZIP	CITY, STATE, ZIP		SUPERVISOR AND TITLE			
	PHONE NUMBER		REASON FOR LEAVING	MAY WE CONTACT? YESNO				
R E F	L	EFERENCES IST 3 SCHOOL, WORK, OR PERSONAL REFERENCES WHO WE MAY CONTACT. DO NOT LIST PEOPLE WHO ARE ELATED TO YOU.						
ER		NAME	PHONE #	HOW LONG HAVE YOU KNOWN THIS PERSON?	RELATIONSHIP TO YOU	TYPE OF REFERENCE		
R E N C E S						_ SCHOOL _ WORK _ PERSONAL		
						_ SCHOOL _ WORK _ PERSONAL		
						_ SCHOOL _ WORK _ PERSONAL		
IN CASE OF EMERGENCY, PLEASE CONTACT								
_	NAMI	E ADDRESS		CITY STATE ZIP	РНС	NE#		

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I understand in filling out this application that Sally Beauty Company, 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 of 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 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 myself 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 perspective 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 a regular rate calculated by dividing the number of hours worked in each work week into the amount of the salary received for that week and that any overtime would be based on one-half of my equivalent hourly rate for each workweek.

<u>Connecticut Applicants Only:</u> 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 section 46b-146, 54-760 or 54-142a. Criminal records subject to erasure pursuant to section 46b-146, 54-760 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 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 section 46b-146, 54-760 or 54-142a section 46b-146, 54-760 or 54-142a are records 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 section 46b-146, 54-760 or 54-142a shall be deemed to have never been arrested within the meaning of the general statues 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.

<u>Minnesota Applicants Only</u>: 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 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.