



## SALON AND SPA PROFILE

This information will allow you to keep your salon interview information organized.

Salon/Spa Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

Salon/Spa Owner(s): \_\_\_\_\_

Salon Manager: \_\_\_\_\_

What year did the Salon/Spa open? \_\_\_\_\_

Salon/Spa location: (please circle all that apply)

Retail/Shopping Area

Business District of a Town

Office/Professional Building

Destination Location

Hotel

Other \_\_\_\_\_

Does the Salon/Spa have multiple locations, if yes, how many? \_\_\_\_\_

Please list the addresses

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ph: \_\_\_\_\_

Ph: \_\_\_\_\_

Does the Salon/Spa advertise? Type of service promoting stylists can do.

### SALON SPA STATISTICS

Salon/Spa  Hair Only

Spa Only

Nails Only

What Style is the Salon Spa?

Modern

Classic

Trendy

Family

Value Priced

Other \_\_\_\_\_

Is the Salon/Spa departmentalized?  Yes  No

Number of styling chairs: \_\_\_\_\_ Number of coloring stations: \_\_\_\_\_

Number of waxing stations: \_\_\_\_\_ Number of facial rooms: \_\_\_\_\_

Number of massage rooms: \_\_\_\_\_ Number of manicure stations: \_\_\_\_\_

Number of pedicure stations: \_\_\_\_\_ Other: \_\_\_\_\_

Current number of full time service providers: \_\_\_\_\_

Current number of part time service providers: \_\_\_\_\_

Current number of support staff: \_\_\_\_\_

Average number of services performed daily in the Salon: (Circle One)

1 - 25            26 - 50            51 - 100            101 - 150            151 - 200            200 Plus

Average number of services performed daily in the Spa: (Circle One)

1 - 5            6 - 15            16 - 25    26 - 50    50 plus

### COMMUNITY AND AWARDS

What civic, community or charity events does the Salon Spa participate? Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the

Salon Spa received awards or recognition?     Yes             No

If yes, list the awards you have received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PRODUCTS – Professional and Retail

Aveda Concept Salon/Spa     Carries Aveda and other lines             Non-Aveda

Retail product lines carried in the Salon Spa:

Hair Care: \_\_\_\_\_

Skin Care: \_\_\_\_\_

Make up: \_\_\_\_\_

Nails: \_\_\_\_\_

Other: \_\_\_\_\_

Professional product lines carried in the Salon Spa:

Hair Care \_\_\_\_\_

Hair Color \_\_\_\_\_

Texture Hair Removal \_\_\_\_\_

Skin Care \_\_\_\_\_ Makeup \_\_\_\_\_

### EMPLOYMENT

Employment Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Positions available with your organization (circle all that apply)

Stylist	Nail Technician	Esthetician	Retail/Guest Care
Colorist	Hair Removal(wax)	Massage Therapist	Makeup

**APPRENTICE / TRAINING PROGRAM**

Does the Salon/Spa offer a training/apprenticeship program?  Yes  No

If yes: How long is an average training program?

Cosmetology \_\_\_\_\_

Spa \_\_\_\_\_

Nails \_\_\_\_\_

What is the average compensation during the training period? \_\_\_\_\_

Potential compensation 1<sup>st</sup> year \_\_\_\_\_ 2<sup>nd</sup> 3<sup>rd</sup> ?

Briefly describe the training/apprenticeship program: \_\_\_\_\_

**EDUCATION**

Does the Salon Spa offer in-house advanced education? Yes No

If yes circle all that apply:

Guest Educators      Staff Educators      Manufacturer Educators

Other:                      Other:                      Hands on Workshops

Does the Salon assist with education?  Yes  No

What type of education events/classes does the Salon staff attend?

Do you hold staff meetings?  Yes  No      If yes, how often? \_\_\_\_\_

**COMPENSATION and BENEFITS**

How does the Salon Spa compensate: (circle all that apply)

Salary      Hourly      Salary & Commission

Hourly & Commission      Commission Only      Other:

Benefits offered: (circle all that apply)

Medical/Health Coverage      Paid Vacation      Flexible Spending Plans

Dental      Personal Days      Other: \_\_\_\_\_

Vision      401(k)/Savings Plan      Other: \_\_\_\_\_

Explain your Hiring Procedure: \_\_\_\_\_

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Additional Information:

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