CATHERINE HINDS INSTITUTE OF ESTHETICS
AVAILABLE POSITION FORM

Please Fax to 781-932-6215 attn Student Services

CITY, STATE & ZIP _____

Date of Contact: _____ Date Position Available: _____

Name of Business: _____

Address: _____

Contact Person & Title: _____

Telephone Number: _____ Fax Number: _____

Business email address: _____ Company Web site: _____

PLEASE FILL IN THE BLANK or CIRCLE:

Full or Part Time Position: Full Time Part Time Either

Business Hours: Mon _____ Tues _____ Wed _____ Thurs _____

Fri _____ Sat _____ Sun _____

Preferred Hours & Days: _____

Do you offer a Flexible Schedule? Yes No

Is There An Established Clientele? Yes No

Do you require an Esthetician with a Class I license? Yes No

Minimum level of training desired: Basics (300 Hours) Advanced (600 Hours) Spa Therapy (900 Hours)
Accelerated Advanced (900 Hours – no spa) Master (1200 Hours) Any

Duties to be performed (ex.: facials, waxing, chem peels, micro): _____

_____

What equipment is used? _____

Which product line(s) are sold? _____

Is Renting or Leasing Space an Option? Yes No

COMPENSATION:

Hourly Wage: _____

Commission on Service Sold: Yes No Details: _____

Commission on Products Sold: Yes No Details: _____

Benefits Available: Yes No Details: _____

SERVICES OFFERED:

Esthetics: Yes No Details: _____

Spa: Yes No Details: _____

Hair: Yes No Details: _____

Massage: Yes No Details: _____

Manicuring: Yes No Details: _____

Other: _____