



YOUR LIFELINE TO BEAUTY



Why did you choose this salon _____ Date: _____

Last Name First Name M. I.

Street Address Apt.# City State Zip code

(____) _____
Telephone # Date of Birth Email Address

Position(s) applying for: _____ Years of Experience: _____

Area(s) of Specialty (please be specific) Primary Clientele

Do you have cos/man/barber license? What State? Lic. # Exp. Date

Are you willing to provide a model for demonstration of your abilities? _____

Do you use social media for business purposes ? _____ Social Media _____

What do you charge for your top four services? \$ _____ \$ _____ \$ _____ \$ _____

EMPLOYMENT

Current: _____ Reason for leaving: _____

Previous: _____ Reason for leaving: _____

In signing this application I declare the foregoing to be true under penalty of perjury. I authorize an investigation and inquiries of my personal, employment or educational history for employment purposes. I release liability from all parties involved in responding to inquiries in connection with my application. I understand that false or misleading information given in my application / interview may result in discharge.