



# Application for Employment

Please print the following information for all sections.

Position(s) Applied For				Date of Application	
First Name		Middle Initial	Last Name	Cell Phone ( ) -	
Present Address		City	State	Zip	Home Phone ( ) -
How did you learn about us? <input type="checkbox"/> Website		<input type="checkbox"/> Friend <input type="checkbox"/> Relative	<input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in	<input type="checkbox"/> Advertisement <input type="checkbox"/> Other	Wages Expected / Hr /
/00Have you ever been employed with us before? <input type="checkbox"/> No <input type="checkbox"/> Yes (From _____ To _____)			Have any relatives or friends been employed with us? <input type="checkbox"/> No <input type="checkbox"/> Yes (Who _____)		
What date are you available to start working?		Can you travel if the job requires? <input type="checkbox"/> No <input type="checkbox"/> Yes	May we contact your present employer? <input type="checkbox"/> No <input type="checkbox"/> Yes		
In case of an accident or emergency, notify:			Relationship		
Address (including zip code)			Phone Number ( ) -		
Education	Name and Location of School	Years	Course of Study General/Special	Did you graduate?	Remarks
High School					
College or University					
Business or Trade School					
Do you have the legal right to reside and work in the United States? (Proof of citizenship or immigration status will be required upon employment.)				<input type="checkbox"/> No	<input type="checkbox"/> Yes
If you are under 18 years of age, can you provide required proof of your eligibility to work? (Proof of eligibility to work will be required upon employment.)				<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been convicted of a felony? If yes, please explain				<input type="checkbox"/> No	<input type="checkbox"/> Yes

## Employment Experience (Start with your most recent position)

Employer		Dates Employed From To		Work Performed	
Address					
Phone Number ( ) -	Supervisor	Hourly Rate/Salary Starting Ending			
Job Title					
Reason for Leaving					
Employer		Dates Employed From To		Work Performed	
Address					
Phone Number ( ) -	Supervisor	Hourly Rate/Salary Starting Ending			
Job Title					
Reason for Leaving					

Employment Experience (Continued)



Employer		Dates Employed From To		Work Performed
Address				
Phone Number ( ) -	Supervisor	Hourly Rate/Salary Starting Ending		
Job Title				
Reason for Leaving				

**Checkbox and fill in ALL shifts you are available to work**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> AM __-__	<input type="checkbox"/> AM __-__	<input type="checkbox"/> AM __-__	<input type="checkbox"/> AM __-__	<input type="checkbox"/> AM __-__	<input type="checkbox"/> AM __-__	<input type="checkbox"/> AM __-__
<input type="checkbox"/> PM __-__	<input type="checkbox"/> PM __-__	<input type="checkbox"/> PM __-__	<input type="checkbox"/> PM __-__	<input type="checkbox"/> PM __-__	<input type="checkbox"/> PM __-__	<input type="checkbox"/> PM __-__

Total Hours per week available to work: \_\_\_\_

**References (2 professional, 1 personal)**

Name	Relationship	Phone ( ) -
Address		
Name	Relationship	Phone ( ) -
Address		
Name	Relationship	Phone ( ) -
Address		

**List Any Extra Curricular Activities You are Involved In (what activities are you involved)**

Do you have any medical conditions that would prevent you from standing for extended amounts of time?  
 No       Yes

**Mandatory Additional Information**

*What are the reasons you are interested in working in a beauty supply or salon? Educational or personal goals, products you use or other?*


I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. The use of this form does not indicate there are any positions open and does not obligate this company

Signature of Applicant	Date
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