



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

| | | | | | | |
|---|--|-------------------------|--------------|---------------|-------------------|----------------------|
| LAST NAME FIRST NAME MIDDLE | | | PHONE NUMBER | DATE OF BIRTH | SOCIAL SECURITY # | TODAY'S DATE |
| PRESENT ADDRESS: CITY, STATE, ZIP | | | | | | IN EMERGENCY, NOTIFY |
| PERMANENT ADDRESS: CITY, STATE, ZIP | | | | | | EMERGENCY PHONE # |
| WILL VISA OR IMMIGRATION STATUS PREVENT LAWFUL EMPLOYMENT? YES NO | HAVE, WITHIN THE LAST SEVEN YEARS, BEEN CONVICTED OR RELEASED FROM PRISON FOR ANY FELONY WHICH WOULD AFFECT YOUR FITNESS TO PERFORM ANY JOB FOR WHICH YOU ARE APPLYING? YES NO | IF YES, PLEASE EXPLAIN. | | | | |

EMPLOYMENT DESIRED

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| POSITION APPLYING FOR | ARE YOU ABLE TO WORK: FULLTIME PART TIME | PLEASE LIST ANY RESTRICTIONS OR PREFERENCES |
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EDUCATION

| NAME OF SCHOOL | LOCATION | CIRCLE LAST YEAR COMPLETED | DID YOU GRADUATE? | SUBJECTS STUDIED OR DEGREES RECEIVED | DO YOU HAVE A CURRENT COSMETOLOGY LICENSE? YES NO |
|--------------------------|----------|----------------------------|-------------------|--------------------------------------|--|
| HIGH SCHOOL | | 1 2 3 4 | YES NO | | IF YES, NUMBER _____ STATE IN WHICH YOU ARE LICENSED: _____ |
| COLLEGE | | 1 2 3 4 | YES NO | | |
| GRADUATE SCHOOL | | 1 2 3 4 | YES NO | | |
| TRADE OR BUSINESS SCHOOL | | 1 2 3 4 | YES NO | | |

EMPLOYMENT RECORD

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|--------------------------|---------------------------|------------------------------|--|
| CURRENT OR LAST EMPLOYER | PHONE NUMBER | TYPE OF WORK, SPECIAL SKILLS | EMPLOYMENT DATES (MONTH AND YEAR) FROM: TO: |
| ADDRESS | MAY WE CONTACT? YES NO | | REASON FOR LEAVING |
| CITY, STATE, ZIP | CONTACT PERSON | | SALARY STARTING: ENDING: |
| EMPLOYER | PHONE NUMBER | TYPE OF WORK, SPECIAL SKILLS | EMPLOYMENT DATES (MONTH AND YEAR) FROM: TO: |
| ADDRESS | MAY WE CONTACT? YES NO | | REASON FOR LEAVING |
| CITY, STATE, ZIP | CONTACT PERSON | | SALARY STARTING: ENDING: |
| EMPLOYER | PHONE NUMBER | TYPE OF WORK, SPECIAL SKILLS | EMPLOYMENT DATES (MONTH AND YEAR) FROM: TO: |
| ADDRESS | MAY WE CONTACT? YES NO | | REASON FOR LEAVING |
| CITY, STATE, ZIP | CONTACT PERSON | | SALARY STARTING: ENDING: |

| | |
|--|---|
| CONTINUING EDUCATION IS VERY IMPORTANT IN THIS BUSINESS. ARE YOU WILLING TO PARTICIPATE IN ON-THE-JOB TRAINING TO FURTHER YOUR SKILLS AND KNOWLEDGE? YES NO | PLEASE LIST ANY OTHER TRAINING, SKILLS, WORK EXPERIENCE, VOLUNTEER ACTIVITIES, OR OTHER INFORMATION YOU WOULD LIKE US TO CONSIDER WITH YOUR APPLICATION |
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I AFFIRM THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENT OR OMISSION OF MATERIAL FACT MAY RESULT IN DISMISSAL. I AUTHORIZE THE EMPLOYER TO INVESTIGATE AND VERIFY ANY OF THE INFORMATION I HAVE SUBMITTED IN APPLYING FOR EMPLOYMENT WITH THE EMPLOYER. I UNDERSTAND THAT EMPLOYMENT, IF OFFERED, WILL BE AT THE WILL OF THE EMPLOYER AND MYSELF AND MAY BE TERMINATED AT ANY TIME FOR ANY REASON BY EITHER PARTY.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS SPACE.
REMARKS:

INTERVIEWED BY: _____

DATE