



APPLICATION FOR EMPLOYMENT

Personal Information

DATE: _____

NAME (FIRST & LAST)		PHONE NO.	
PRESENT ADDRESS		CITY	STATE
ZIPCODE	HOW DID YOU HEAR ABOUT US?	REFERRED BY	

Employment Desired _____

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Education History _____

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR CORRESPONDENCE SCHOOL				

General Cosmetology information _____

<p>LIST YOUR FAVORITE SERVICES YOU SPECIALIZE IN</p> <p>WHEN WAS LAST HAIRSHOW OR EDUCATIONAL EVENT YOU ATTENDED</p> <p>SPECIAL CERTIFICATIONS OR SKILLS IN THE BEAUTY INDUSTRY</p> <p>WHAT IS YOUR CURRENT OR FAVORITE BEAUTY PRODUCT LINE</p>

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST) _____

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				
FROM TO				

References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.) _____

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization _____

"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.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE: _____ SIGNATURE _____