



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address: _____

Position Sought: _____

Desired Work Schedule Full-time [] Part-time []

Please indicate the date you are available to begin work? _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes [] No []

Have you ever been convicted of a felony? Yes [] No [] If yes, please describe circumstances:

If selected for employment, are you willing to submit to a pre-employment criminal background check?

Yes [] No []

Do you have reliable transportation to and from work?

Yes [] No []

Name of High School _____

Graduated Yes [] No [] Year Graduated _____

Name of College/Technical School _____

Graduated Yes [] No [] Year Graduated _____

Do you currently hold any of the following licenses?

Cosmetology Yes [] No [] Date Obtained _____

Barbering Yes [] No [] Date Obtained _____

EMPLOYMENT HISTORY

Please indicate most recent employment first.

1. Employer _____

Job Title _____ Dates Employed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

2. Employer _____

Job Title _____ Dates Employed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

EMPLOYMENT HISTORY, continued

3. Employer _____

Job Title _____ Dates Employed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

4. Employer _____

Job Title _____ Dates Employed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

HOW DID YOU HEAR ABOUT THIS POSITION? (Please check one)

- Signs at Location
- Online Job Site
- Walk-in
- Referred by _____
- Job Fair
- Other (please identify) _____

I certify that the information contained in this application is correct to the best of my knowledge, and understand that deliberate falsification or any misstatements and omissions of material facts may be cause for refusal of employment; or, if employed, cause for dismissal.

I authorize previous employers to provide any and all pertinent information they may have, personal or otherwise. If employed, I understand that I will be required to submit verification of my identity and authorization to work in the United States.

Signature of Applicant

Date

The Application is considered incomplete without a signature.