



To our candidate: We deeply appreciate your interest in our company and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will enable us to place you in a position that best suits your qualifications and may assist us in possible future promotions. Candidates are considered for all positions without regard to race, sex, religion, national origin, age, marital or veteran status or the presence of a non-job related medical condition or handicap. All employees are employees at will with no implied contract.

**NAME:** \_\_\_\_\_

FIRST MIDDLE LAST SOCIAL SECURITY NUMBER

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STREET ADDRESS CITY STATE ZIP CODE

( )

PHONE NUMBER COSMETOLOGY LICENSE NUMBER ARE YOU 18 OR OLDER? YES NO

**EMPLOYMENT HISTORY** MAY WE CONTACT YOUR PRESENT/ PAST EMPLOYERS? YES NO EXPLAIN \_\_\_\_\_  
**4 MOST RECENT JOBS:** (IF NOT APPLICABLE, LIST U.S. MILITARY, VOLUNTEER WORK OR PERSONAL REFERENCES.)

COMPANY \_\_\_\_\_ LOCATION \_\_\_\_\_  
 PHONE \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ DATES WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_  
 SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_ REFERENCE CHECK DONE BY \_\_\_\_\_

COMPANY \_\_\_\_\_ LOCATION \_\_\_\_\_  
 PHONE \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ DATES WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_  
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COMPANY \_\_\_\_\_ LOCATION \_\_\_\_\_  
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COMPANY \_\_\_\_\_ LOCATION \_\_\_\_\_  
 PHONE \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ DATES WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_  
 SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_ REFERENCE CHECK DONE BY \_\_\_\_\_

**EDUCATION**

SCHOOL	CITY/STATE	# OF YEARS COMPLETED	DIPLOMA / DEGREE / LICENSE / CERTIFICATE
HIGH SCHOOL	_____	19 - _____	_____
COLLEGE	_____	19 - _____	_____
COSMETOLOGY SCHOOL	_____	19 - _____	_____

**REFERENCES:** PLEASE PROVIDE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED
NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED
NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED

**AVAILABILITY:**

			M	T	W	TH	F	S	S
TOTAL HOURS AVAILABLE PER WEEK _____	HOURS OF AVAILABILITY :	FROM							
		TO							

ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE U.S.: Y/N \_\_\_\_\_ HOW DID YOU HEAR OF THE JOB? \_\_\_\_\_  
 (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED UPON EMPLOYMENT)

DO YOU HAVE TRANSPORTATION TO WORK? Y/N \_\_\_\_\_ ON WHAT DAY WILL YOU BE AVAILABLE TO WORK? \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITIONS APPLIED FOR: \_\_\_\_\_ DESIRED SALARY: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

DO YOU HAVE A FRIEND OR RELATIVE IN OUR EMPLOY? \_\_\_\_YES \_\_\_\_NO IF YES, STATE NAME AND POSITION \_\_\_\_\_  
 HAVE YOU BEEN PREVIOUSLY EMPLOYED BY OUR COMPANY? \_\_\_\_YES \_\_\_\_NO  
 IF YES, WHERE, WHEN AND IN WHAT CAPACITY? \_\_\_\_\_

IN THE PAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? \_\_\_\_YES \_\_\_\_NO IF YES. PLEASE DESCRIBE IN FULL \_\_\_\_\_  
 A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

**AGREEMENT:** Candidate please read and attest to the following statement.

I certify that the information I have given on this application is true and complete and understand that any false or misleading information given, or the omission of any pertinent information may result in my discharge at any time, if I am hired. I hereby authorize the Company to investigate my record with my former employers and personal references. If hired, I agree to abide by the policies, rules and expectations of the Company. I also understand that my employment is "at will" and that I can resign at any time and that I can be terminated at any time. Nothing herein or during my employment shall be considered an employment contract.

\_\_\_\_\_  
 Candidate Signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date of Application

**PERSONNEL DEPARTMENT USE ONLY**

EMPLOYED  YES  NO STARTING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION TITLE: \_\_\_\_\_  
 HOURLY RATE \_\_\_\_ YES \_\_\_\_ NO \$ \_\_\_\_\_ SALARY \_\_\_\_ YES \_\_\_\_ NO \$ \_\_\_\_\_ COMMISSION \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ %  
 \_\_\_\_ FULL TIME \_\_\_\_ PART TIME \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 AUTHORIZED BY \_\_\_\_\_ DATE \_\_\_\_\_