## **Application for Employment**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Positions: Licensed Hairstylist, Nail Tech, Aesthetician, Lash Artist, Braider, Receptionist, Cashier
(Please Print)

Position(s) Applied For			Date of App	plication
How did you hear abou	t us?			
Advertisement Internet				
Last name	First Na	nme	Middle	Name
Address: Number	Street	City	State	Zip
Telephone Number(s)			Social Sec	curity Number
Best time to contact you	u is::	_ am/pm		
If you are under 18 year proof of your eligibility		you provide requ		s No
Have you ever filed an a If yes, give date		h us before?	Ye	sNo
Have you ever been em If yes, give date		before?	Ye	s No
Are you currently emplo	oyed?		Ye	s No
May me contact you pro	esent employer	:?	Ye	s No

in this country	ented from lawfully bed y because of Visa or In or immigration status will be requi	nmigration Status?	Yes	No
Date available	e for work/			
What is your	salary range?			
Are you avail	able to work:	Full Time		
		Part Time (Please ind	icate, Mornings A	fternoons Evenings)
		Temporary (Please in	ndicate dates availab	ole/
Are you curre subject to a re	ently on "Lay-off" Stati ecall?	us and	Yes	No
EDUCATIO	<u>N</u>			
School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduat College	e			
Graduate/ Professional				
Other (Specify)				
and volunteer a	PERIENCE or present employer or last activities. You may exclust origin, disabilities or of	de organizations which		

Please List	Dates Employed	Work Preformed
Employer	From To	
Address		
Telephone Number (s)		
Starting/Present Job Title	_	
Supervisor	_	
Reason for Leaving	May We Contact?	Yes No
Please List	Dates Employed	Work Preformed
Employer	From To	
Address		
Telephone Number (s)		
Starting/Present Job Title	_	
Supervisor	_	
Reason for Leaving Please List	May We Contact? Dates Employed	Yes No Work Preformed
Employer	From To	

	-	
Address		-
Telephone Number (s)		_
Starting/Present Job Title	-	
Supervisor	-	
Reason for Leaving	May We Contact? Yes No	
Comments: Include explanation of a	ny gaps in employment.	
Describe any specialized training, ap	oprenticeship, skills and extra-curricular activities.	
ADDITIONAL INFORMATION		
Other Qualifications		
	eel may be helpful to us in considering your application	•

Name	Phone Number	Best time to Call	Occupation
Name	Phone Number	Best time to Call	Occupation
Name	Phone Number	Best time to Call	Occupation
certify that answers given herein a authorize investigation of all state	are true and complete ements contained in this application f		s may be necessary in arriving at an ny applicant wishing to be considered