



We are an equal opportunity employer.

EMPLOYMENT APPLICATION

Name _____ Date _____

Address _____ Phone _____

_____ City _____ State _____ Zip _____

Have you applied here before? Yes No When? _____ Position applied for? _____

Start When _____ Full time Part time Temporary Other _____

EMPLOYMENT EXPERIENCE

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

EDUCATION

Schools/Colleges Attended:

Years Year Grad. Degree

Schools/Colleges Attended:	# Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special qualifications for this job:

Years of Experience _____ Areas of Specialization _____

Do you have a license in the state? _____ Type _____

Cosmetology School Attended _____ Year _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____
