



**Application for Employment  
Starlight Salon LLC**

**Personal Information**

Date \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Evening Phone Number

**Employment Desired**

Position Desired \_\_\_\_\_

Start Date \_\_\_\_\_

Salary Desired \_\_\_\_\_

Are you Employed? Yes / No

If so, May We Contact  
Your Current Employer? Yes / No

Are you bound by any "Non-Compete / Non-Solicitation" agreement? Yes / No

If Yes: Explain \_\_\_\_\_

**Education History**

Name & Location Of School	Dates Attended	Year of Graduation	Degree, Title or Diploma
High School			
College			
Trade/Business			

**General Information** (Subjects of Special Study/ Research Work or Special Training/Skills)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Former Employers (List Below Last Four Employers, Starting With The Most Current)**

Month & Year	Company Name, City & State	Salary	Position	Reason for Leaving
From / To				
From / To				
From / To				
From / To				

**Hours Available**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From / To	From / To	From / To	From / To	From / To	From / To	From / To

**References (Provide 3 Non-Related Persons Whom You Have Known At Least One Year)**

Name	Phone #	Relationship	Years Known

**Attach Resume and / or Pictures of Work**

**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 an 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 of use of disability-related or medical information in a manner prohibited by the American With Disabilities Act (ADA) and other relevant fFederal and States Laws”

Date\_\_\_\_\_ Signature\_\_\_\_\_