

Innovative Edge Hair Design Kimberly Pelton, Owner Stylist 352-794-6300 932 N Suncoast Blvd Crystal River, FL 34429 innovativeedgehairdesign,com

## **EMPLOYMENT APPLICATION**

				Today's Da	nte:	
First Name:			_ Last Name:			
SS#:			Driver License#: State:			
Address:						
City:	State:		_ Zip:	Email Address:		
Phone:	Cell:			Work:		
Applying for: Full Time Pa	art Time 🗖					
		EDU	CATION	l		
Did you complete High School?	Yes No No	I				
Name of High School				Year Graduated		
Did you attend Cosmetology Scho	ool? Yes 🗖 🛚	No 🗖				
If yes, what Cosmetology School	did you attend _					
Did you graduate? Yes ■ No ■ Year Graduated?						
Do you have a Cosmetology Licer	nse? Yes 🗖	No 🗖	Do you h	nave a Hair Braider's License?	Yes 🗖	No 🗖
Do you have a Nail Technician License? Yes No			Do you h	nave an Esthetician License?	Yes 🗖	No 🗖
Do you have a full specialist Licer	nse ? Yes 🗖	No□	Do you h	nave a valid driver's license?	Yes 🗖	No 🗖
If yes, do you drive? Yes  No			Have you ever been arrested? Yes ☐ No ☐			
List dates of Arrests			Have you	Have you ever been convicted of a crime? Yes ☐ No ☐		
If yes, convicted for what?						



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## **WORK EXPERIENCE**

L. Dates Worked: From	_ To				
Name of Employer:					
Address:					
Title:	_ Duties:				
Can I contact the employer? Yes  No	Phone Number:				
2. Dates Worked: From	_ To				
Name of Employer:					
Address:					
Title:	_ Duties:				
Can I contact the employer? Yes ☐ No ☐	Phone Number:				
REFERENCES					
1. Name:					
Address:	·				
Phone Number:	Relationship to you:				
2. Name:					
Address:					
Phone Number:	Relationship to you:				