

SIGNATURE HAIR SALON EMPLOYMENT APPLICATION

DATE: _____

INSTRUCTIONS: COMPLETE ALL NECESSARY INFORMATION PLEASE PRINT CLEARLY

NAME: _____

SOCIAL SECURITY # _____

MAILING ADDRESS: _____

CITY, STATE _____ ZIP CODE: _____

PHONE (H) _____ (W) _____ (C) _____

EMAIL ADDRESS: _____

EDUCATIONAL BACKGROUND (CIRCLE THE HIGHEST GRADE COMPLETED)

HIGH SCHOOL 9 10 11 12

COLLEGE 1 2 3 4

COSMETOLOGY TRAINING

COSMETOLOGY SCHOOL YOU ATTEND: _____

OTHER: _____

IF APPLICABLE, DO YOU HAVE AN OHIO STATE BOARD OF COSMETOLOGY
LICENSE? YES NO

IF NO, PLEASE EXPLAIN: _____

WHEN WILL YOU GRADUATE FROM COSMETOLOGY SCHOOL? _____

IF YES, WHEN WOULD YOU BE AVAILABLE TO WORK? _____

POSITION APPLYING FOR

SALON RECEPTIONIST _____ SYLIST (QUALIFIED) _____

INTERN _____ COLORIST (QUALIFIED) _____

MAKE-UP ARTIST _____ NAIL TECH _____ OTHER _____

EMPLOYMENT HISTORY

COMPANY NAME: _____

PHONE: _____ CONTACT NAME: _____

ADDRESS _____

CITY, STATE, ZIP: _____

POSITION HELD: _____

DUTIES _____

WAGE: _____

EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

PHONE: _____ CONTACT NAME: _____
ADDRESS: _____
CITY, STATE, ZIP _____
POSITION HELD _____
DUTIES: _____
WAGE: _____
EMPLOYED FROM: _____ TO: _____
REASON FOR LEAVING: _____

COMPANY NAME: _____
PHONE: _____ CONTACT NAME: _____
ADDRESS: _____
CITY, STATE, ZIP _____
POSITION HELD: _____
DUTIES: _____
WAGE: _____
EMPLOYED FROM: _____ TO: _____
REASON FOR LEAVING: _____

LIST THE COMPANY NAMES YOU DO NOT WISH US TO CONTACT:

DO YOU HAVE A LEGAL RIGHT TO BE EMPLOYED IN THE UNITED STATES?
YES NO

AVAILABILITY: PLEASE LIST ALL THE HOURS YOU ARE AVAILABLE TO WORK

MONDAY _____
TUESDAY _____
WEDNESDAY _____
THURSDAY _____
FRIDAY _____
SATURDAY _____
SUNDAY _____

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS APPLICATION IS TRUE. I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE A CONTRACT BETWEEN ME AND THIS COMPANY OR THE PROVISION OF ANY BENEFITS.

APPLICANT SIGNATURE: _____
DATE: _____

*PLEASE ATTACH A COPY OF YOUR RESUME IF YOU HAVE ONE