

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ () _____ Email Address: _____

Date Available: _____ Desired Hourly Rate: \$ _____ Do you have an Instructor's license: YES NO

Position Applying For: _____ Campus Location: _____

Are you legally authorized to work in the United States? YES NO If no, Please Explain: _____
 Have you ever worked for this company? YES NO If yes, when? _____

Education

High school: _____ City/State: _____
 Did you graduate? YES NO Cosmetology School: _____
 Or have a GED YES NO City/State: _____

Check which licenses you have:	State Held:	Is it current:
<input type="checkbox"/> Cosmetology	_____	Yes <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Advanced Cosmetology	_____	Yes <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Esthetics	_____	Yes <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Advanced Esthetics	_____	Yes <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Manicuring	_____	Yes <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Advanced Manicuring	_____	Yes <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Barbering	_____	Yes <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Advanced Barbering	_____	Yes <input type="checkbox"/> NO <input type="checkbox"/>

References

Please list three professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____

Previous Employment

Company: _____ Phone: _____ () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
From: _____ To: _____ Reason for Leaving: _____
Responsibilities: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____ () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
From: _____ To: _____ Reason for Leaving: _____
Responsibilities: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____ () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
From: _____ To: _____ Reason for Leaving: _____
Responsibilities: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____ Rank at Discharge: _____
Job Duties: _____ Type of Discharge: _____
If other than honorable, explain: _____

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____