

EMILIO

HAIR SALON

PERSONAL DATA

Referred by: _____

FULL NAME: _____
Last First Middle Preferred Name (Optional)

CURRENT CONTACT: _____
Phone Email Address (Optional)

CURRENT ADDRESS: _____
Street City State Zip Code

PREVIOUS ADDRESS: _____
Street City State Zip Code

ADDITIONAL NOTES:

How were you introduced to us? Employee Referral Newspaper Ad Walk In Internet College/University
 Dept. of Employment Community Organization Other: _____

If hired, and you are under 18 years of age, can you furnish a work permit? Yes No

If hired, can you provide proof of identity and authorization to work in the United States? Yes No

DESIRED EMPLOYMENT

Position you are applying for: _____ Date available to start work*: _____

Total hours available per week*: _____

- Part-time Full-time
 Regular Temporary

	S	M	T	W	Th	F	S
AM							
PM							

Are you willing to relocate? Yes No Where? _____ Are you willing to travel? Yes No

* Should your availability change during the course of your employment, it may impact your employment status based on business needs. While we may be able to accommodate your availability limitations upon hire, we do not guarantee that we will be able to support these limitations in the future. Should our business needs change, we may require an adjustment in your availability in order to maintain employment status.

EXPERIENCE

Please give accurate and complete information. Start with present or most recent employer, including self-employment, part-time work, military employment, and any work performed on a volunteer basis. Account for your entire employment history, including significant gaps in employment. All information must be included, even if you are attaching a resume.

Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed From:	To:	Hourly Rate / Salary Starting:	Final:
Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed From:	To:	Hourly Rate / Salary Starting:	Final:
Employer		Work Performed	
Address (Street, City, State)			
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Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed From:	To:	Hourly Rate / Salary Starting:	Final:

Please attach an additional sheet if necessary

SECURITY

Have you ever taken any merchandise, money, or property from an employer without permission? Yes No

If yes, provide details: _____

EDUCATION

Circle highest grade completed: Elementary /Middle 6 7 8 High School 9 10 11 12 College 13 14 15 16 17 18(+)

List all, whether or not degree was obtained:

	Name of School	Location (City, State)	Field of Study	Degree	Received?
HIGH SCHOOL			High School	Diploma or GED	Yes / No
COLLEGE					Yes / No
COLLEGE					Yes / No

PROFESSIONAL REFERENCES

Please provide name, work relationship, email address (if available) and telephone number of three Supervisors/Managers or other professional references that are not related to you:

	Name	Work Relationship	Email Address	Phone Number
1				
2				
3				

May we contact each of your references? Yes No If not, who and why? _____

MY SIGNATURE CERTIFIES THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS

DATE OF APPLICATION:

SIGNATURE OF APPLICANT:
