EMPLOYMENT APPLICATION
THE HAIR SHOPPE-SALON SPA- MEDSPA

Date

PERSONAL INFORMATION

Name

First Name

Last Name

Address

City

Postal Code

Social Security #

Date of Birth

Cosmetology/ LMT / Nursing License #

Mobile Phone

Contact

Email

Mobile Phone

Have you ever been convicted of an offense against the law, other than a traffic violation?

How did you hear about The Hair Shoppe and Spa?

Do you know anyone employed or previously employed at The Hair Shoppe and Spa?

POSITION DETAIL

Position Applying for:

Full or Part time:

When are you available to start work?

Salary Expectation

JOB APPLICATION

EDUCATION

High School

City

University

City

Vocational School

City

Certifications

Special Training

PREVIOUS EMPLOYMENT / SKILL

1.

2.

3.

REFERENCES

Please list 3 Professional References

Name Contact number

Name Contact number

Name Contact number

I certify that all answers given herin are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Please send your applicatio to **hairshoppeandspa1@gmail.com**.

Name & Signature

Date