



Lash • Brow • Makeup Artistry

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____

Cell Phone _____ E-mail _____

Social Security # _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what day and hours are you available?

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes No

If yes, please describe conditions. _____

Employment Desired

Position applied for _____

How did you hear of this opening? _____

Are you presently employed? Yes No

If Yes, may we contact your present employer? Yes No

Date you can start: _____

Desired position _____

Desired yearly pay _____

Please list applicable skills _____

Education

*Include Name of School, City and State where located

High School _____

Did you graduate? Yes No If Yes, what year did you graduate? _____

College _____

Did you graduate? Yes No If Yes, what year did you graduate? _____

College _____

Did you graduate? Yes No If Yes, what year did you graduate? _____

Post- College _____

Did you graduate? Yes No If Yes, what year did you graduate? _____

Professional Trade School _____

Did you graduate? Yes No If Yes, what year did you graduate? _____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

Please list any scholastic honors received and offices held in school.

Are you planning to continue your studies? Yes No

If yes, where and what courses of study?

Employment History (Your most recent Employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities

Reason for leaving

References

List three ***personal*** references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____

Relation _____

Name _____ Phone _____ Years Known _____

Address _____

Relation _____

Name _____ Phone _____ Years Known _____

Address _____

Relation _____

List three **professional** references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____
Address _____
Relation _____

Name _____ Phone _____ Years Known _____
Address _____
Relation _____

Name _____ Phone _____ Years Known _____
Address _____
Relation _____

Emergency Contact

In case of emergency, please notify:

Name _____ Phone _____
Address _____
Relation _____

Name _____ Phone _____
Address _____
Relation _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

(Continued on following page)

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Print Name _____

Signature _____

Date _____