



## APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Full or Part Time: \_\_\_\_\_ Desired Salary: \_\_\_\_\_  
Position applied for: \_\_\_\_\_ Cosmetology License #: \_\_\_\_\_  
Are you presently employed?: \_\_\_\_\_ May we contact your employer?: \_\_\_\_\_  
Date you can begin: \_\_\_\_\_

### **Emergency Contact**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_

### **EMPLOYMENT HISTORY**

**Employer** (starting with present or most recent): \_\_\_\_\_  
Phone #: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Employed From/To: \_\_\_\_\_ Compensation/Salary: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_



**Employer** (starting with present or most recent): \_\_\_\_\_

Phone #: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed From/To: \_\_\_\_\_ Compensation/Salary: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

**Employer** (starting with present or most recent): \_\_\_\_\_

Phone #: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed From/To: \_\_\_\_\_ Compensation/Salary: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

## **EDUCATION**

Name & City of Cosmetology School: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Name & City of College: \_\_\_\_\_ # Years Completed: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Please list all advanced courses, training, education seminars, and conferences you have attended:

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Please list all professional memberships that will be beneficial to your work in this position:

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**REFERENCES:**

List three references (include two professional references)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title and/or relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title and/or relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title and/or relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_