FAMILY CUTS & MORE

APPLICATION FOR EMPLOYMENT

FAMILY CUTS & MORE CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGUARD TO RACE, RELIGION, SEX, COUNTRY OF ORIGIN, MEDICAL CONDITIONS AND DISABILITIES THAT ARE NOT JOB REALTED, AGE OR ANY OTHER FEDERALLY PROTECTED STATUS.

DATE___/___/___

NAME_____ DATE OF BIRTH___/___/___
ADDRESS_____ CITY_____
STATE_____ ZIP CODE_____ PHONE NUMBER___-___-___
APPLICATION FOR_____
COSMETOLOGIST LICENSE NUMBER_____ STATE OF ISSUE_____
DATE OF ISSUE___/___/___
IS YOUR COSMETOLOGY LICENSE CURRENT? Y___N___
HAS YOUR LICENSE EVER BEEN SUSPENDED? Y___N___
AVAILABILITY: CHECK ALL THAT APPLY
FULL TIME___ PART TIME___ SPLIT SHIFT___
MORNING___ EVENING___ WEEKDAYS___ WEEKENDS___
HOURS PER WEEK:
10/20___ 20/30 ___ 30/40___
EDUCATION/ TRAINING:
FORMAL TRAINING/ SCHOOL_____
YEAR COMPLETED____
EMPLOYMENT HISTORY GOING BACK THE LAST 5 YEARS LIST ALL GAPS OF UNEMPLOYMENT
MAY WE CONTACT YOUR PREVIOUS EMPLOYERS Y___N___

EMPLOYER	MANAGER	PHONE	DATES	REASON FOR LEAVING

PLEASE INDICATE YEARS OF EXPERIENCE ON THE FOLLOWING AREAS
HAIR CUTTING___ HAIR COLOR___ HAIR HIGHLIGHTING___ PERMS___ WAXING___
PLEASE LIST 3 PROFESSIONAL REFERENCES WITH CONTACT NUMBER

_____

_____

_____

ALL THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT ANY OMMISSION/ MISREPRPESENTATION OF FACTS MAY PRECLUDE ANY OFFER OF EMPLOYMENT, OR MAY RESULT IN THE SEPERATION OF EMPLOYMENT. I UNDERSTAND THAT EMPLOYMENT WITH FAMILY CUTS & MORE IS AT WILL AND THAT EMPOYMENT MAY BE TERMINATED BY EITHER PARTY, AT ANYTIME WITH OR WITHOUT NOTICE.

SIGNATURE_____ DATE ___/___/___

APPLICATION TO REMAIN ON FILE FOR NO LONGER THAN A 6 MONTH PERIOD