



25155 Madison Ave, Ste 103
Murrieta, CA 92562

APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer

(Fill out application in its entirety, even if you have a resume)

Today's Date: _____

PERSONAL INFORMATION

Name (Last, first)		SSN#		
Cosmetology License # (and other licenses)				
Present Address	Apt. No.	City	State	Zip code
Are you 18yrs or older?	Phone number(s)	Have you ever been convicted of a felony or misdemeanor? If yes, please explain?		

DESIRED EMPLOYMENT

Position:				
<input type="checkbox"/> Esthetician	<input type="checkbox"/> Administrative	<input type="checkbox"/> Massage Therapist		
<input type="checkbox"/> Nail Tech	<input type="checkbox"/> Stylist	<input type="checkbox"/> Front Desk		
Date you can start	Commission/Booth Renter/Hourly Employee			
Applying for:		Days Available		Hours Available
<input type="checkbox"/> Full-time	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	
<input type="checkbox"/> Part-time	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Saturday	
	<input type="checkbox"/> Sunday			
Time Blocks (use hour and minutes increments):				
<input type="checkbox"/> Cut	<input type="checkbox"/> All over Color	<input type="checkbox"/> Partial Highlights	<input type="checkbox"/> Full Highlights	
<input type="checkbox"/> BlowOut	<input type="checkbox"/> Keratin Treatment	<input type="checkbox"/> Evening Style	<input type="checkbox"/> Retouch	

EDUCATION

	Name/Location	No. years attended	Did you graduate?	Subjects studied
High School				
College				
Trade/other				

GENERAL

Special Training
Special Skills

EMPLOYMENT HISTORY (please list 3 most recent employers)

Name of present or last employer				
Address		City	State	Zip code
Starting Date	Leaving Date	Job Title	Starting Pay	Ending Pay
Description of work & responsibilities				
Name of supervisor	Title	Phone	May we contact them?	
Reason for leaving or want to leave				

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Employment History Continued.....

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Starting Date	Leaving Date	Job Title	Starting Pay	Ending Pay
Description of work & responsibilities				
Name of supervisor		Title	Phone	May we contact them?
Reason for leaving or want to leave				

REFERENCES (Below, give name of 3 people you are not related to, whom you have known at least 1 year)

Name	Phone Number	Business	Years Acquainted

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____ **Date:** _____