

Lillian James Salon

Employment Application

Name: _____

Date: _____

Address

: _____

Phone : _____ Email: _____ D.O.B.

Position applied for : _____ Full/part time

: _____

Date you would like to begin: _____

Have you previously applied to Lillian James Salon before? If so, when?

Have you been convicted of a state or federal felony? If so, explain.

Are you licensed in any other states or countries? If so, which ones?

Referred by: _____

Do you have any friends or relative employed by us? If so, who?

Educational history :

High School attended :

Year graduated:_____

College semesters completed and/or year graduated :

Name and City of University:

Degree:_____

Cosmetology training:

What cosmetology school did you attend:

Do you currently have a New Jersey cosmetology license? Yes/ No

If no, when will you graduate from cosmetology school?

Please list any advanced courses, seminars, training, or conferences you have attended:

Please list all professional memberships or certifications that would be beneficial to your work in this position:

Employment History:

Starting with present or more recent:

1. Employer: _____

Title: _____

Reason for leaving:

Employed from –to:

Duties performed:

Phone: _____

Supervisor _____

2. Employer: _____

Title: _____

Reason for leaving:

Employed from –to:

Duties performed:

Phone: _____

Supervisor _____

3. Employer: _____

Title: _____

Reason for leaving:

Employed from –to:

Duties performed:

Phone: _____

Supervisor _____

Please list your areas of strength and interest as it applies to this position:

Please list services you do not perform, or seek further education in:

Availability

Please list all the hours you are available to work:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

To the best of my knowledge the information on this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company or the provision of any benefits.

Applicant signature: _____

Date: _____

*Please attach a copy of a resume if you have one.