

HAIR ILLUSIONS SALON

1884 W. 11th St.
Tracy, CA 95376
(209)836-1020

Employment Application

APPLICATION INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit#
City State Zip Code

Phone: _____ Email: _____

Date Available: _____

Position Applied For: _____

Have you applied here before? Yes No
If yes, position and date of application: _____
Employment Type desired: Full Time Part Time Temporary
Internship Seasonal

What prompted you to apply at Hair Illusions Salon: Advertisement Agency
Referral: _____
Other: _____

Are you over 18 years old? Yes No If no, are you authorized to work in the
U.S.? Yes No

If hired, can you submit verification of your
right to work in the United States? Yes No If Yes, When? _____

Have you ever been convicted of a felony for which the record has not been judicially
ordered sealed, expunged, or eradicated? (Applicants will not be denied employment
solely on the grounds of conviction. the nature and date of offense and
surrounding circumstances may be
considered.) Yes No

If yes, Explain: _____

QUALIFICATIONS

Certified Position: _____

State License Number (include State): _____

Qualifications & Special Skills: _____

EDUCATION

High School: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

REFERENCES

Please list professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary \$: _____ Ending Salary \$: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary \$: _____ Ending Salary \$: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

AVAILABILITY

Please indicate the days and times you are available to work:

DISCLAIMER & SIGNATURE

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and the employers listed above give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter in to any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative."

Signature: _____ Date: _____