

Snip-its Haircuts for Kids

EMPLOYMENT APPLICATION

			Applican	t Information						
Full Name:	Jame:				Date:_					
	Last		First		M.I.					
Address:										
	Street Addres	s				Apartm	nent/Unit #			
	City				State	ZIP Coa	le			
Phone:				Email:						
Date Availa	able:	Soc	cial Security No.:		Driver's I	icense No.:				
Are you a citizen of the United States? YES NO			If no, are you	YES NO no, are you authorized to work in the U.S.?						
Have you e	ever worked for	r this company?	YES NO	If yes, when?						
	r which you are		airdresser Recepti	Party onist Coordinat		ther (please specify)				
Please list y	your availabilit	y:								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sund	lay		
AM										
PM										
Valid Licen	se Held:	Registered Ha	irdresser's License	No.:						
		Operator's Lic	ense No.:							
		Temporary Pe	ermit No.:							
		Heath Certific	ate:							
		Other (please	explain):							
Certified in the state of:			No. of years actively working as a hairdresser:							

Education						
High School:	Address:					
From: To:		YES	NO	Diploma:		
College:	Address:					
From: To:	Did you graduate?	YES	NO	Degree:		
Cosmetology:	Address:					
From: To:	Did you graduate?	YES	NO	Degree:		
A	Advanced Courses /	Trainir	ng / Sem	inars		
Title:	Location: _					
Date(s) Attended:		Ce	ertificate:			
Title:	Location:					
Date(s) Attended:		Ce	ertificate:			
Title:	Location:					
Date(s) Attended:		Ce	ertificate:			
References Please list three professional references.						
Full Name:				Relationship:		
Company:				Phone:		
Address:						
Full Name:				Relationship: Phone:		
Address:						
Full Name:				Relationship:		
Company:				Phone:		

	Previou	ıs Employmen	t		
Company:				Phone:	
Job Title:	Responsibilities:				
From:	To:	_ Reason for Lea	aving:		
May we contact your p	revious supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Respo	nsibilities:			
From:	To:	_ Reason for Lea	aving:		
May we contact your p	revious supervisor for a reference?	YES	NO		
Company:				Phone:	
Address				Supervisor:	
Job Title:	Respo	nsibilities:			
From:	To:	_ Reason for Lea	aving:		
May we contact your p	revious supervisor for a reference?	YES	NO		
What prompted you to	apply for a job with Snip-its?				
What are your career g	oals?				

Please describe any experience you have work	ring with children?
	Disclaimer and Signature
	his application is correct to the best of my knowledge, and I understand that grounds for dismissal in accordance with the policy of Snip-its Haircuts for Kids.
I acknowledge that, if I become employed, I Snip-its retains the same rights.	will be free to terminate my employment at any time for any reason, and
Signature:	Date:
	FOR OFFICE USE ONLY
Interviewed by:	Date:
Position:	Start Date:
Pay Rate:	FT / PT
Remarks:	

