



EMPLOYMENT APPLICATION

DATE OF APPLICATION: _____

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

NAME: _____

MAILING ADDRESS: _____

CITY, STATE: ZIP CODE: _____

PHONE: _____ EMAIL: _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL (NAME AND LAST GRADE COMPLETED): _____

COLLEGE (SCHOOL AND LAST GRADE COMPLETED): _____

COSMETOLOGY TRAINING (IF APPLICABLE)

COSMETOLOGY SCHOOL YOU ATTEND: _____

OTHER COSMETOLOGY EXPERIENCE: _____

IF APPLICABLE, DO YOU HAVE A NEW JERSEY STATE BOARD OF COSMETOLOGY LICENSE? YES: ___ NO: ___

DO YOU HAVE A COSMETOLOGY LICENSE FROM ANOTHER STATE? YES: ___ NO: ___

DATE OF GRADUATION IF IN COSMETOLOGY SCHOOL: _____

WHEN ARE YOU AVAILABLE TO WORK? _____

POSITION APPLYING FOR:

GUEST RELATIONSHIP COORDINATOR: _____

ASSISTANT: _____ STYLIST: _____ BARBER: _____

PREVIOUS EMPLOYMENT:

COMPANY NAME: _____

PHONE: _____ CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

POSITION: _____

EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES: ___ NO: ___

IF NOT WHY? _____

COMPANY NAME: _____
PHONE: _____
CONTACT NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
POSITION: _____
EMPLOYED FROM: _____ TO: _____
REASON FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER? YES: ____ NO: ____
IF NOT WHY? _____

AVAILABILITY: PLEASE LIST ALL THE DAYS/ HOURS YOU ARE AVAILABLE TO WORK

MONDAY: _____ FRIDAY: _____
TUESDAY: _____ SATURDAY: _____
WEDNESDAY: _____ SUNDAY: _____
THURSDAY: _____

HOW DID YOU HEAR ABOUT JWALKER SALON AND SPA?

AUTHORIZATION "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 EMPLOYERS LISTED ABOVE TO 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 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: _____