

CAREER APPLICATION

PERSONAL Information

Position(s) Applied For			Date of Application				
Last Name	First Name		Middle Name				
Address	City		State	Zip Code			
Home # Cell #			Email				
Are you legally eligible to work in the United States? [] Yes [] No (Proof of eligibility will be required upon offer of employment) Are you over 18 years of age () [] Yes [] No							
How Did You Hear About Us? [] School	ol []Sign []	Client _					
[] Current Employee		[] Other					
Are you a licensed cosmetologist? State License number							
What salary/rate of pay do you expect to receive if you are employed? What date are you available to start							
EDUCATION History							
Name & Location	Years Attended	Subjects Studied Gr		Graduated?			
High School							
College/Trade							
College/Trade	1			1			
Please list any academic honors, scholarships, offices held and special skills we should know about.							
EMPLOYMENT History (Please begin with your most recent employer. Do not exclude any employment. Attach another sheet if necessary.)							
If currently employed, may we contact y	our present emplo	yer? [] Y	es [] No				
Most Recent							

Company Name	Employment Dates From To	Rate of Pay Start End	
Address	Phone	Supervisors	
Position and Responsibilities			
Reason for leaving and explanation			
Company Name	Employment Dates From To	Rate of Pay Start End	
Address	Phone	Supervisors	
Position and Responsibilities			
Reason for leaving and explanation			
Company Name	Employment Dates From To	Rate of Pay Start End	
Address	Phone	Supervisors	
Position and Responsibilities			
Reason for leaving and explanation			
Please provide any other information	that you feel will help us in o	considering your application f	or employment.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone	Relationship/ Occupation	Years Known
Have you been convicted of a Note: Conviction will not necessify yes, please explain			No	
*PLEASE READ CAREFULLY I hereby certify that all of the required documents) is corre	information provided by m			
falsification, misrepresentation employment or immediate te	on or omission of any facts	s in said documents wi	Il be cause for denial of	
I understand that submission an offer of employment be exfor no specified duration and cause or notice. I understand SALON or its representatives implied. I understand that no into any agreement guarante statements and that any sucl SALON.	tended by L'EQUIPE SALC I may be terminated by eith I that none of the documen I used during the employm representative of L'EQUIP eing any conditions of emp	ON, that such employmer L'EQUIPE SALON o ts, policies, procedure ent process is deemed E SALON except the P bloyment or any agreer	ent with L'EQUIPE SAL r myself at any time, wit es, actions, statements of a contract of employments resident and the author ment contrary to the fore	ON is at will h or withou of L'EQUIPE ent real or rity to enter egoing
I herby authorize L'EQUIPE S public agencies name in this employment and/or characte information from all claims, I information.	application to obtain any j r. I hereby release all partio	ob related information es and persons connec	they may have regarding cted with any such requ	g my est for
I understand that this applica employment after this period			rish to be considered fo	r
BY SIGNING BELOW I ACKN STATEMENTS.	OWLEDGE THAT I HAVE R	EAD, UNDERSTOOD A	ND AGREE TO THE ABO	OVE
Signature			 Date	

L'EQUIPE SALON , 276 FRANKLIN VILLAGE DRIVE, FRANKLIN, MA. 02038