OFF THE TOP HAIRSTYLING

APPLICATION FOR EMPLOYMENT

NAME_____ CELL PHONE_____

ADDRESS_____ BIRTH DATE_____

CITY_____ STATE_____ ZIP_____

EMAIL_____ POSITION DESIRED_____

IF APPLYING FOR HAIRSTYLIST, DO YOU HAVE A CURRENT MINNESOTA COSMETOLOGY LICENSE?_____

DO YOU HAVE RELIABLE TRANSPORTATION?_____

ARE YOU DEPENDABLE?_____

ARE THERE ANY DAYS OR NIGHTS YOU CAN'T WORK?_____

DATE YOU CAN START?_____

PRESENT EMPLOYER_____

WHY DO YOU WANT TO LEAVE THERE?_____

EMPLOYMENT DATES AT CURRENT JOB?_____

EDUCATION	YEARS ATTENDED	DATE COMPLETED
_____	_____	_____
_____	_____	_____

FORMER EMPLOYERS	PHONE	SUPERIOR	DATES OF EMPLOYMENT
1._____	_____	_____	_____
REASON WHY YOU LEFT?_____			
2._____	_____	_____	_____
REASON WHY YOU LEFT?_____			
3._____	_____	_____	_____
REASON WHY YOU LEFT?_____			

WHY DO YOU WANT TO WORK HERE?_____

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