

**ALL APPLICATIONS MUST BE PERSONALLY HANDED IN TUESDAYS THRU FRIDAYS 9AM – 2PM**

# **e.clips salon Employment Application**

How were you referred to us? \_\_\_\_\_

Date: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

If you are under 18, can you furnish a work permit?  yes  no If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever worked for e.clips?  yes  no If yes, when? \_\_\_\_\_

Are you a US Citizen?  yes  no If no, are you legally allowed to work here?  yes  no

Type of Employment Desired:  Full Time  Part Time  Temporary  Seasonal

Have you ever plead “guilty”, “no contest”, or been convicted of a crime?  yes  no

If yes, give dates and details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Answering “yes” to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

**Driver’s License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

PLEASE SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS EMPLOYMENT (Begin with most recent position)**

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary & Title: \_\_\_\_\_ Ending Salary & Title \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  yes  no

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Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary & Title: \_\_\_\_\_ Ending Salary & Title \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  yes  no

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Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary & Title: \_\_\_\_\_ Ending Salary & Title \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  yes  no

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_