



## Application for Employment

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

Full or Part Time \_\_\_\_\_

Cosmetology License# \_\_\_\_\_ Date you can begin \_\_\_\_\_

Referred by \_\_\_\_\_

Current Employer \_\_\_\_\_

May we contact your employer? \_\_\_\_\_

Have you been convicted of a felony? If yes, please explain

\_\_\_\_\_

Are you licensed in any other states and/or countries? If so, which ones?

\_\_\_\_\_

10 S Adams Drive, Suite 2A, Sarasota, FL 34236 (Second Floor)  
aquasandznailsalon.com | taohuynh2004@yahoo.com  
941-388-1545 Salon | 941-807-5349 Tran

# EMPLOYEEMENTHISTORY

**Employer** (start with present or most recent) \_\_\_\_\_ Phone # \_\_\_\_\_  
Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Employed From/To \_\_\_\_\_ Compensation/Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_

**Employer** (start with present or most recent) \_\_\_\_\_ Phone # \_\_\_\_\_  
Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Employed From/To \_\_\_\_\_ Compensation/Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_

**Employer** (start with present or most recent) \_\_\_\_\_ Phone # \_\_\_\_\_  
Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Employed From/To \_\_\_\_\_ Compensation/Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_

## EDUCATION

Name & City of Cosmetology School \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Graduated \_\_\_\_\_  
Name & City of University \_\_\_\_\_ # years completed \_\_\_\_\_  
Major \_\_\_\_\_ Degree Earned \_\_\_\_\_

Please list all advanced courses, training, educational seminars, and conferences you have attended:

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Please list all professional memberships that will be beneficial to your work in this position:

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# REFERENCES

*List three references (include two professional references)*

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title and/or relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title and/or relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title and/or relationship \_\_\_\_\_

I certify that the answers given are true and correct to the best of my knowledge. I authorize Aquasandz Nail Salon to verify any representations made by me either oral or written concerning personal employment, financial and/or other related matters as may be necessary in arriving at an employment decision. I understand that Aquasandz Nail Salon may contact individuals or organizations other than these I have provided as a reference in this process. I hereby release all employers, companies, corporations, credit bureaus, law enforcement agencies, schools, or persons from any and all liability in responding to inquiries in connection with this application. In the event of employment, I understand that false or misleading information given in this application (or any interviews) may result in discharge. I also understand that the prior written consent of Aquasandz Nail Salon is required for participation in outside ventures or additional employment should I enter into an employment agreement with Aquasandz Nail Salon.

Signature \_\_\_\_\_ Date \_\_\_\_\_