



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:

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

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 _____