

Application for Employment

Name _____

Address _____ *City* _____

State _____ *Zip* _____ *Phone* _____

Email _____

Date Available _____ *Position Applied For* _____

FL Cosmetology License# _____ *Social Security Number* _____

Are you a U.S. Citizen? *Yes* *No*

If no, are you authorized to work in the U.S. *Yes* *No*

Have you ever been convicted of a felony? *Yes* *No*

Education

Name and City of Cosmetology School _____

*Date Started*_____ *Date Graduated*_____

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

Please list all professional memberships and certifications that will be beneficial to you at House of VP :

Employment History

Employer (starting with present or most recent)

*Phone number*_____ *Title*_____

*Supervisor*_____ *Employed from/to*_____

*Position*_____ *Compensation/Salary*_____

*Reason for Leaving*_____

Employer (starting with present or most recent)

Phone number _____ *Title* _____
Supervisor _____ *Employed from/to* _____
Position _____ *Compensation/Salary* _____
Reason for Leaving _____

Employer (starting with present or most recent)

Phone number _____ *Title* _____
Supervisor _____ *Employed from/to* _____
Position _____ *Compensation/Salary* _____
Reason for Leaving _____

Employer (starting with present or most recent)

Phone number _____ *Title* _____
Supervisor _____ *Employed from/to* _____
Position _____ *Compensation/Salary* _____
Reason for Leaving _____

My signature below certifies that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in expulsion.

Signature of Applicant _____ *Date* _____