

Lighten Up Salon / Entourage salon



PERSONAL INFORMATION

DATE ___/___/___

NAME _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH ___/___/___

PHONE NUMBER (___) (____) (____)

Cell phone (___) (____) (____)

Emergency contact person _____
Number _____

POSITION DESIRED _____

DATE AVAILABLE TO START _____

Salary Desired _____

EDUCATION

HIGH SCHOOL _____

GRADUATED YES NO

COLLEGE _____

GRADUATED YES NO

TECHNICAL SCHOOL _____

YEAR GRADUATED _____

COURSE TAKEN _____

ADVANCED COURSES _____

Personal References:

1) _____

2) _____

3) _____

PRESENT EMPLOYER _____
Phone Number _____
May we contact them? Yes or no

FORMER EMPLOYERS

May we contact them? Yes or No

COMPANY: _____

POSITION _____

Phone Number _____

SALARY _____ FROM _____ TO _____

Reason for leaving _____

COMPANY; _____

POSITION; _____

Phone Number _____

SALARY _____ FROM _____ TO _____

Reason for leaving _____

PLANS TO ATTEND FUTURE EDUCATION:

YES OR NO

LIMITED HOURS AVAILABLE:

YES OR NO

AVAILABLE TO WORK LAST MIN HOURS:

YES OR NO

SATURDAY AND SUNDAY ANY HOURS;

YES OR NO

CHILDREN WHOM NEED BABYSITTER ;

YES OR NO

OWN TRANSPORTATION OR RELY ON SOMEONE;

YES OR NO

Thank You