## **EMPLOYMENT APPLICATION**

(please print)



| PERSONAL INFORMATION                       |           |                   |                |                         |
|--|-----------|-------------------|----------------|-------------------------|
| First name                                 | Last nai  | me                |                | Middle initial          |
| Address                                    | City      |                   | State          | Zip code                |
| Email address                              |           |                   | Phone num      | ber                     |
| Instagram page                             |           | Facebook page     |                |                         |
| Eligible to work in the United States (YES | S or NO)? | Are you a license | d cosmetologis | t / barber (YES or NO)? |
| State of license                           |           | License number    |                |                         |
|  | EDUCATIO  | NAL HISTORY       |                |                         |
| High school                                |           | Years             |                | iduated (YES or NO)?    |
|  |           |                   |                | ( 0 0 0 / .             |
| College / Trade school                     |           | Years             | Gra            | aduated (YES or NO)?    |
| Additional education or training           |           |                   |                |                         |
| Academic honors, skills, scholarships, e   | tc.       |                   |                |                         |

## **EMPLOYMENT HISTORY**

## Please list in order of most recent to oldest employer

| Company / business name:                                  |  |
|---|--|
| Company / Sacricco name.                                  |  |
| Address:  | T  |
| Position:   | OK to contact this employer (YES or NO)? |
| Company / business contact name:                          |  |
| Company / Business contact information (EMAIL or PHONE NU | JMBER):                                  |
|   |  |
| Company / business name:                                  |  |
| Address:  |  |
| Position:   | OK to contact this employer (YES or NO)? |
| Company / business contact name:                          |  |
| Company / business contact information (EMAIL or PHONE NU | JMBER):                                  |
|   |  |
| Company / business name:                                  |  |
| Address:  |  |
| Position:   | OK to contact this employer (YES or NO)? |
| Company / business contact name:                          |  |
| Company / business contact information (EMAIL or PHONE NU | JMBER):                                  |

|  |  | ICFS |
|--|--|------|
|  |  |      |
|  |  |      |
|  |  |      |

| Name | Contact information | Relationship |
|------|---------------------|--------------|
| 1.)  |                     |              |
| 2.)  |                     |              |
| 3.)  |                     |              |

\*PLEASE READ CAREFULLY BEFORE SIGNING\* I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Classic Trim Barber, that such employment with Classic Trim Barber is at will, for no specified duration and may be terminated by either Classic Trim Barber or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Classic Trim Barber or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Classic Trim Barber except the owner has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the owner of Classic Trim Barber. I hereby authorize Classic Trim Barber to contact any and all personal references, and private or public agencies named in this application to obtain any job related information they may have regarding my employment and/or character. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application. BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

| Signature  | Date |  |
|------------|------|--|
| Print name |      |  |