



Application for Employment

Name \_\_\_\_\_ Date \_\_\_\_\_

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

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

SSN# \_\_\_\_\_ ID /Driving License \_\_\_\_\_

Full or Part Time \_\_\_\_\_ Desired Salary \_\_\_\_\_

Position Applied for \_\_\_\_\_ Cosmetology License# \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Do you have any friends or relatives employed by us? \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

Date you can begin \_\_\_\_\_

**Employment Experience**

**Employer** (starting with present or most recent) \_\_\_\_\_ Phone # \_\_\_\_\_

Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employed From/To \_\_\_\_\_ Compensation/Salary \_\_\_\_\_

Duties Performed \_\_\_\_\_

**Employer** \_\_\_\_\_ Phone # \_\_\_\_\_

Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employed From/To \_\_\_\_\_ Compensation/Salary \_\_\_\_\_

Duties Performed \_\_\_\_\_

**Employer** \_\_\_\_\_ Phone # \_\_\_\_\_

Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employed From/To \_\_\_\_\_ Compensation/Salary \_\_\_\_\_

Duties Performed \_\_\_\_\_

Name & City of Cosmetology School \_\_\_\_\_

Date Started \_\_\_\_\_ Date Graduated \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 Ruby's Spa & 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 Ruby's Spa & 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 Ruby's Spa & Salon is required for participation in outside ventures or additional employment should I enter into an employment agreement with Ruby's Spa & Salon.

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