



Salon Employment Application

NAME		DATE
ADDRESS		CONTACT NUMBER
CITY	STATE	ZIP CODE
Have you applied here before? Yes No		Position Applied For: _____
Total experience in the position applying for? _____		
Type of Arrangement: Full Time Part Time Temporary		
When can you start to work here? _____		
What is your expected salary? _____		

EMPLOYMENT EXPERIENCE (Last 3 latest employer including the current)

1	EMPLOYER NAME		POSITION	
	ADDRESS			
	CONTACT NO.	SUPERVISOR'S NAME	JOB TITLE	SALARY
	REASON FOR LEAVING			PERIOD
2	EMPLOYER NAME		POSITION	
	ADDRESS			
	CONTACT NO.	SUPERVISOR'S NAME	JOB TITLE	SALARY
	REASON FOR LEAVING			PERIOD
3	EMPLOYER NAME		POSITION	
	ADDRESS			
	CONTACT NO.	SUPERVISOR'S NAME	JOB TITLE	SALARY
	REASON FOR LEAVING			PERIOD

RELEVANT EDUCATION TAKEN

Level	School	Period