

THE DEFINING LINE SALON

APPLICATION FOR EMPLOYMENT

420 A ST - IDAHO FALLS, ID 83401 - 208-523-2229

PERSONAL INFORMATION

NAME (Last, First)					
PRESENT ADDRESS		APT. NO.	CITY	STATE	ZIP
PHONE #	CELL PHONE #		ARE YOU 18 YEARS OR OLDER?	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US?	
EMAIL					

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START
HOW DID YOU FIND OUT ABOUT THIS POSITION?	

EDUCATION

HIGH SCHOOL	NAME OF SCHOOL / CITY / STATE	DATE OF GRADUATION	
COSMETOLOGY COLLEGE	NAME OF SCHOOL/ CITY / STATE	PHONE	DATE OF GRADUATION
COLLEGE	NAME OF SCHOOL / CITY / STATE	DEGREE OR FIELD OF STUDY	DATE OF GRADUATION
OTHER SCHOOL OR TRAINING	NAME OF SCHOOL / CITY / STATE	DEGREE OR FIELD OF STUDY	DATE OF GRADUATION

LICENSE (IF APPLICABLE TO POSITION)

COSMETOLOGY LICENSE	DO YOU HAVE A CURRENT IDAHO COSMETOLOGY LICENSE?	LICENSE #	HAVE YOU EVER LET YOUR LICENSE LAPSE OR HAS IT EVER BEEN REVOKED?
	IF NO, PLEASE EXPLAIN		IF YES, PLEASE EXPLAIN
OTHER LICENSES	PLEASE LIST ANY OTHER PROFESSIONAL LICENSES YOU CURRENTLY HOLD		

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FORMER EMPLOYERS

LIST YOUR LAST THREE EMPLOYERS BELOW, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
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REFERENCES

LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT (NON-FAMILY)

1	NAME	PHONE	RELATION	YEARS KNOWN
2	NAME	PHONE	RELATION	YEARS KNOWN
3	NAME	PHONE	RELATION	YEARS KNOWN

BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY/NO CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION)?

IF YES, EXPLAIN

(A CONVICTION RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW)

SCHEDULE

PLEASE FILL IN YOUR SCHEDULE AVAILABILITY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

PLEASE LIST, IN DETAIL, ANY CURRENT OR ANTICIPATED SCHEDULING CONFLICTS WITH WHAT YOU LISTED ABOVE (OTHER JOB, SCHOOLING, CHILD CARE, ETC.)

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AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

"I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HERIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

"I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

"THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

DATE

SIGNATURE