

# Job Application Form

Applicant Information	
Full Name: _____ <small>Last First M.I.</small>	Date: _____
Address: _____ <small>Street Address Apartment/Unit #</small>	
City _____ State _____ ZIP Code _____	
Phone: _____	Email _____
Date Available: _____	Social Security No.: _____ Desired Salary: \$ _____
Position Applied for: _____	
If applying for nail tech, will you be doing nail enhancement? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment Desired: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> All Available Shifts <input type="checkbox"/> Temporary <input type="checkbox"/>	
Do you hold a current Wisconsin cosmetology or manicurist license? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when? _____
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, explain: _____	
Education	
High School: _____	Address: _____
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Diploma: _____
College: _____	Address: _____
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: _____
Beauty School: _____	Address: _____
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: _____
References	
<i>Please list two professional references.</i>	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Previous Employment	
Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job Title: _____	Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____	
From: _____ To: _____	Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
_____	
_____	
Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job Title: _____	Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____	
From: _____ To: _____	Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
_____	
_____	
Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job Title: _____	Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____	
From: _____ To: _____	Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
_____	
_____	
Military Service	
Branch: _____	From: _____ To: _____
Rank at Discharge: _____	Type of Discharge: _____
If other than honorable, explain: _____	
Disclaimer and Signature	
<i>I certify that my answers are true and complete to the best of my knowledge.</i>	
<i>I understand that by filling out this application does not constitute a promise or guarantee of employment.</i>	
<i>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i>	
<i>If employed by Attitude Nail, I agree to abide by its rules and regulations.</i>	
<i>I hereby authorize all persons, companies and corporations to release and provide any and all information regarding my employment to Attitude Nail and release Attitude Nail from all liabilities for issuing this information.</i>	
Signature: _____	Date: _____