

# OFF THE TOP HAIRSTYLING

APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_

EDUCATIONAL HISTORY	YEARS ATTENDED	DATE COMPLETED
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER RELATED EDUCATION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	FORMER EMPLOYERS	PHONE	SUPERVISOR	POSITION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

MY SIGNATURE BELOW CONFIRMS: 1.) THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE. 2.) THAT OFF THE TOP HAIR STYLING IS AUTHORIZED TO CONTACT FORMER EMPLOYERS REGARDING MY WORK RECORD. 3.) FURTHER, IT ACKNOWLEDGES MY UNDERSTANDING THAT IF HIRED MY EMPLOYMENT WILL BE PROBATIONARY FOR ONE MONTH AT THE END OF WHICH MY PROGRESS WILL BE REVIEWED WITH THE POSSIBILITY OF TERMINATION AT THAT TIME.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

REMARKS: \_\_\_\_\_

HIRED \_\_\_\_\_

NOT HIRED \_\_\_\_\_