



525 W Oakland Avenue

Suite 6

Johnson City, TN 37601

423.631.0345

Application for Employment

PERSONAL INFORMATION

Date _____

Name _____

Address _____ City _____ Zip _____

Phone _____ Email _____ DOB _____

Cosmetology License # _____

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

Are you licensed in any other states? If so, which ones? _____

Are you presently employed? _____ May we contact them? _____

Date you can begin _____

EMPLOYMENT HISTORY

Employer (starting with most recent) _____ Phone # _____

Position _____ Supervisor _____

Reason for Leaving _____

Employed From/To _____ Compensation/Salary _____

Duties Performed _____

Employer (starting with most recent) _____ Phone # _____

Position _____ Supervisor _____

Reason for Leaving _____

Employed From/To _____ Compensation/Salary _____

Duties Performed _____

Employer (starting with most recent) _____ Phone # _____

Position _____ Supervisor _____

Reason for Leaving _____

Employed From/To _____ Compensation/Salary _____

Duties Performed _____

EDUCATION

Name & City of Cosmetology School _____

Date Started _____ Date Graduated _____

Please list any additional education here

REFERENCES

List 3 References (Include 2 professional references)

Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Title/Relationship _____

Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Title/Relationship _____

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Address _____ City _____ State _____ Zip _____
Title/Relationship _____