

CLASIC HAIR CARE- Application for Employment

Name _____ Social Security Number _____

Address _____

Phone # (Home) _____ Phone # (Cell) _____ Birth Date _____

Cosmetology License # _____ State _____ Expires _____

Cosmetology School _____ Graduation Date _____

Work Experience

Employer _____ Date of Hire _____

Address _____ Phone _____

Hourly/Salary Rate _____ Nature of Work _____

Still Working _____ If Not, Date Left _____ Supervisor (Contact?) _____

Employer _____ Date of Hire _____

Address _____ Phone _____

Hourly/Salary Rate _____ Nature of Work _____

Still Working _____ If Not, Date Left _____ Supervisor (Contact?) _____

Experience with
Elderly _____

Have you ever been convicted of a crime? Yes No
If yes, please explain _____

Have you ever worked for Classic Hair Care? Yes No

If yes, please explain _____

Please indicated the hours you are available on the days you are available.

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>

Please Do Not Write Below This Line

Date of Interview _____ Interviewer _____ Hire Now/ Hire Later/Not Use

Facility _____ Rate _____

