



Application for Employment

PERSONAL INFORMATION:

NAME	LAST	FIRST	MIDDLE
ADDRESS	STREET	CITY	STATE & ZIP CODE
PHONE	DAYTIME	EVENING	
E-MAIL			

POSITION SOUGHT:

Title: _____ Available Start Date: _____

Desired Pay Range or Current Salary: _____

Are you currently employed? Yes / No

Professional License Number (State and Number): _____

Are you scheduled to take a Professional License Exam and when? _____

FORMAL EDUCATION:

Education Type	Name and Location	Major Subject of Study
High School / GED		
College or University		
Specialized Training		

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the position you're seeking. _____

PREVIOUS EXPERIENCE: (begin with most current and work back)

Dates Employed	Company Name City & State	Phone	Supervisor	Your title & Responsibilities
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I, _____, affirm that to my knowledge all information provided is true and correct. I understand that the intent to mislead the employer, Michael Christian Salon, by giving false information or omitting information will be grounds for termination.

Print Name

Signature

Date