

Music to my Hair LLC Application for Salon Employment

Name				
Address	City	State	Zip	_
Phone	Email		DOB//	_
Full or Part Time		Desired Compensation		
Position applied for	Cos	smetology License#		
Have you been convicted of	a state or federal felony? It	f yes, please explain		
Are you licensed in any othe		so, which ones?		
Referred by:				_
		May we contact you		
Date you can begin				

EMPLOYEEMENT HISTORY:

Employer (starting with present or most recent)	Phone #			
Title	Supervisor			
Reason for Leaving				
	Compensation/Salary			
Duties Performed				
Employer (starting with present or most recent)	Phone #			
Title	Supervisor			
Reason for Leaving				
	Compensation/Salary			
Duties Performed				
Employer (starting with present or most recent)	Phone #			
Title	Supervisor			
Reason for Leaving				
	Compensation/Salary			
Duties Performed				
EDUCATION:				
Name & City of Cosmetology School				
Date Started	Date Graduated			
Name & City of University	# years completed			
Major	Degree Earned			
Please list all advanced courses, training, educational seminars, and conferences you have attended:				
Please list all professional memberships that will be beneficial to your work in this position:				

REFERENCES:

List three references (Please include at least two professional references)

Name	Phone #	
City	State	Zip
Title and/or relationship		
Name	Phone #	
Address		
City	State	Zip
Title and/or relationship		
Name	Phone #	
	State	
Title and/or relationship		
Similarly, Music to my Hair manswers given are true and correspondent by me either oral or written arriving at an employment decithese I have provided as a referent agencies, schools, the event of employment, I und discharge. I also understand the	ect to the best of my knowledge. I authorize Music en concerning personal employment, financial and sion. I understand that Music to my Hair LLC ma ence in this process. I hereby release all employer or persons from any and all liability in responding erstand that false or misleading information given	at any time, with or without cause. I certify that the ic to my Hair LLC to verify any representations d/or other related matters as may be necessary in by contact individuals or organizations other than as, companies, corporations, credit bureaus, law as to inquiries in connection with this application. In in this application (or any interviews) may result in LLC is required for participation in outside ventures
Signature	Date	

Hair Stylist Questionnaire

