Fringe Salon

# Employment Application

Name: Date:

Address: City: Zip Code:

Phone Number: Email:

Date of birth: / /

Position applied for: Desired salary: Date available:

# Education

High School: Address: Phone Number:

From: To: Did you graduate? Yes No

College:

# Employment information

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the United States? Yes No

* Previous employer (if any)

Company: Phone Number:

Address: Job Title:

From: To:

Reason for leaving:

* Current employer (if any):

Company: Phone Number:

Address: Job Title:

From: To: Reason for leaving:

Responsibilities:

May we contact your previous supervisor as a reference? Yes No

# Hours

\*Regular week schedule: Tuesday-Thursday from 3-6 and every Saturday from 8:30-2pm

Please list your availability:

Are you comfortable working these hours? Yes No

Are there any times when you would be unavailable to work this schedule? Yes No

If yes, please explain

# References:

* Name: Phone Number:

 Relationship: Company:

* Name: Phone Number:

Relationship: Company:

Signature Date