

APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

POSITION(S) APPLYING FOR: _____ **DATE:** _____

PERSONAL INFORMATION *(all areas must be completed)*

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Telephone: _____ Other Telephone: _____

Email: _____ Social Security # : _____

Driver's License #: _____ Issuing State: _____

Are you legally authorized to be employed in this country? Yes No

Are you at least 18 years old? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

POSITION INFORMATION / AVAILABILITY

Position you are applying for?

Do you have any restrictions which may prohibit you from performing the functions of the job for which you are applying? Yes No

If Yes, please explain: _____

Employment status desired: Full-time Part-time

How did you hear about this position? _____

If hired, when can you start? _____

EDUCATION

School Name and Location	Year	Major	Degree
High School _____	/	/	/
College _____	/	/	/
Post-College _____	/	/	/
Other Training _____	/	/	/

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

LICENSURE / EXPERIENCE *(Barber applicants only)*

Are you licensed in the State of Colorado? Yes No

License Type? Barber Cosmetologist

License Number: _____ Expiration Date: _____

Name of school attended: _____

EMPLOYMENT HISTORY *(start with most recent employer)*

Employer: _____

Address: _____ Telephone: _____

Date Started: _____ Date Ended: _____

Supervisor Name: _____ May we contact? ___ Yes ___ No

Reason for leaving: _____

Employer: _____

Address: _____ Telephone: _____

Date Started: _____ Date Ended: _____

Supervisor Name: _____ May we contact? ___ Yes ___ No

Reason for leaving: _____

Employer: _____

Address: _____ Telephone: _____

Date Started: _____ Date Ended: _____

Supervisor Name: _____ May we contact? ___ Yes ___ No

Reason for leaving: _____

Employer: _____

Address: _____ Telephone: _____

Date Started: _____ Date Ended: _____

Supervisor Name: _____ May we contact? ___ Yes ___ No

Reason for leaving: _____

AUTHORIZATION

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for disqualification from further consideration or dismissal from employment.

I authorize the company to make any investigations of my prior educational and employment history references as needed to research my qualifications for this position.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

SIGNATURE OF APPLICANT

DATE