|  |  |  |
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| See the source image | Famous Salon | **Salon Employment Application** |

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|  | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | DATE | |
| John Smith | | | | | | | | | | | | | mm/dd/yyyy | |
| ADDRESS | | | | | | | | | | | | | CONTACT NUMBER | |
| 4948 Rainy Day Drive, Cambridge, Mississippi, USA 02141 | | | | | | | | | | | | | <Contact Number> | |
| CITY | | | | | | STATE | | | | | | | ZIP CODE | |
| Cambridge | | | | | | Mississippi | | | | | | | 2141 | |
| Have you applied here before? | | | |  Yes  No | | | | | Position Applied For: | | | | Hair Dresser | |
| Total experience in the position applying for? | | | | | | | 5 Years | | |  | | | | |
| Type of Arrangement: | | |  Full Time  Part Time  Temporary | | | | | | | | | | | |
| When can you start to work here? | | | | | mm/dd/yyyy | | |  | | | | | | |
| What is your expected salary? | | | | | US$ 100/day | | | | | | | | | |
| **EMPLOYMENT EXPERIENCE (**Last 3 latest employer including the current**)** | | | | | | | | | | | | | | | | |
| 1 | EMPLOYER NAME | | | | | | | | | | | POSITION | | | |
| <Employer Name> | | | | | | | | | | | <Job Title> | | | |
| ADDRESS | | | | | | | | | | | | | | |
| <Address> | | | | | | | | | | | | | | |
| CONTACT NO. | | SUPERVISOR'S NAME | | | | | | JOB TITLE | | | | | SALARY | |
| <Contact No.> | | <Supervisor's Name> | | | | | | <Job Title> | | | | | <Salary> | |
| REASON FOR LEAVING | | | | | | | | | | PERIOD | | | | |
| <Reason for Leaving> | | | | | | | | | | mm/dd/yyyy - mm/dd/yyyy | | | | |
| 2 | EMPLOYER NAME | | | | | | | | | | POSITION | | | | |
|  | | | | | | | | | |  | | | | |
| ADDRESS | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| CONTACT NO. | | SUPERVISOR'S NAME | | | | | | JOB TITLE | | | | | SALARY | |
|  | |  | | | | | |  | | | | |  | | |
| REASON FOR LEAVING | | | | | | | | | | PERIOD | | | | |
|  | | | | | | | | | |  | | | | |
| 3 | EMPLOYER NAME | | | | | | | | | | POSITION | | | | |
|  | | | | | | | | | |  | | | | |
| ADDRESS | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| CONTACT NO. | | SUPERVISOR'S NAME | | | | | | JOB TITLE | | | | | SALARY | |
|  | |  | | | | | |  | | | | |  | | |
| REASON FOR LEAVING | | | | | | | | | | PERIOD | | | | |
|  | | | | | | | | | |  | | | | |
| **RELEVANT EDUCATION TAKEN** | | | | | | | | | | | | | | |
| Level | | School | | | | | | | | | Period | | | |
| <Level> | | <School Name> | | | | | | | | | mm/dd/yyyy - mm/dd/yyyy | | | |
|  | |  | | | | | | | | |  | | | |
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