



**COST CUTTERS®**  
FAMILY HAIR SALON

## APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Employee ( \_\_\_\_\_ )  
\_\_\_\_\_ Walk-in \_\_\_\_\_ Other

Are you less than 18 years of age? . . . . . \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, can you furnish proof of age and a work permit if you are employed? . . . . . \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been employed here before? . . . . . \_\_\_\_\_ yes \_\_\_\_\_ no

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? . . . . . \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have any physical, mental, or medical impairment or disabilities that would limit your job performance for the position for which you are applying? . . . . . \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

(List previous employment in most recent order)

Employer	Telephone	Dates Employed		Work Performed:  _____  _____  _____  _____
		From	To	
Address				
Job Title				
Reason for Leaving				
What Were You Paid?		Supervisor		

Employer	Telephone	Dates Employed		Work Performed:  _____  _____  _____  _____
		From	To	
Address				
Job Title				
Reason for Leaving				
What Were You Paid?		Supervisor		

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Employer	Telephone	Dates Employed		Work Performed:  _____  _____  _____  _____
		From	To	
Address				
Job Title				
Reason for Leaving				
What Were You Paid?		Supervisor		

	Name and Location of School	Number of Years*	Did You Graduate?	Subjects
High School				
Barber or Cosmetology School				
College				
Trade, Business, Correspondence School				

\*The Age Discrimination in the Employment Act of 1967 prohibits discrimination on the basis of age with the respect to individuals who are at least 40 but less than 70 years of age.

License (specify) and Number: \_\_\_\_\_  
(Master, Apprentice, Beautician, Manager Operator)

State From Which License Was Obtained: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

I hereby certify that the information I have provided in this application is true and complete to the best of my knowledge and agree that false or misleading information or significant omissions in my application or interviews may disqualify me from further consideration for employment and may be considered just ground for discharge if discovered at a later date.

I hereby authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that I am required to abide by all rules and regulations of the Company.

I also understand and agree that if hired, I am an employee at will and that I may be terminated at any time without prior notice.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hired: \_\_\_\_yes \_\_\_\_no Position: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Date Reporting for Work: \_\_\_\_\_

Approved by: \_\_\_\_\_  
(Name) (Title) (Date)