

APPLICATION FORM

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apt/Unit #	
City	State	ZIP	
Phone	E-mail		
Position Applying for:			
Why have you applied to Stylistix?			
Have you ever worked for a salon before? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, list location, dates and length of employment?			

EDUCATION/EXPERIENCE/INTERESTS
Have you had advanced experience or training? If yes, please describe:
Have you held leadership positions in clubs, sororities or fraternities, civic groups, etc.? If yes, briefly describe:
What is your goal in life?

Why weren't you able to achieve this goal before?

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REFERENCES:
<i>Please list at least one (1) professional reference.</i>
Full Name: _____ Relationship: _____
Company: _____ Phone Number: () _____
Address: _____
Full Name: _____ Relationship: _____
Company: _____ Phone Number: () _____
Address: _____
Full Name: _____ Relationship: _____
Company: _____ Phone Number: () _____
Address: _____

If you were to qualify for this employment opportunity, would any of the items below be a challenge? If so, why?

A. Hours are from 9:00 a.m. to 7:00 p.m.:

B. Working weekends:

C. No absenteeism:

D. No tardiness:

E. Training classes other than working hours:

F. Transportation:

Are you looking for a career or a job? Explain,

Signature: _____ Date: _____