

Luxe Lash Bar

Employment Application

Date:

Personal Information:

Name:

Address:

State/Province:

Zip/Postal Code:

SS Number:

Home Phone:

Cell Phone:

Employment Information:

Positions Applied for:

Salary Desired:

What Hours Are You Available to Work:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

When are you available to begin work?

Full-Time part-time Full or part-time

Education Information:

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

Have you ever been convicted of a crime: yes no

If yes, please explain

Do you have a drivers license? yes no

State of issue:

Have you had any accidents in the past 3 years? no yes

How many?

Do you had any moving violations in the past 3 years? no yes

How many?

Continue on the next page

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Previous Employment (list up to 3)

1.

Name of Employer:	<input type="text"/>	Name of last supervisor:	<input type="text"/>
Dates of employment:	From: <input type="text"/> To: <input type="text"/>	Salary:	From: <input type="text"/> To: <input type="text"/>
Complete Address:	<input type="text"/>		
Phone #:	<input type="text"/>	Last job title:	<input type="text"/>
Reason for Leaving (be specific):	<input type="text"/>		
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:			
<input type="text"/>			
May we contact your employer: <input type="radio"/> yes <input type="radio"/> no			

2.

Name of Employer:	<input type="text"/>	Name of last supervisor:	<input type="text"/>
Dates of employment:	From: <input type="text"/> To: <input type="text"/>	Salary:	From: <input type="text"/> To: <input type="text"/>
Complete Address:	<input type="text"/>		
Phone #:	<input type="text"/>	Last job title:	<input type="text"/>
Reason for Leaving (be specific):	<input type="text"/>		
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:			
<input type="text"/>			
May we contact your employer: <input type="radio"/> yes <input type="radio"/> no			

Continue on the next page

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3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Skills and references

Skills:

Typing:

Computer: PC Mac Both

Applications (list all that apply):

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying: