



3507 Youree Drive Shreveport La 71105 318 .868. 1124

Email: shearartistryhair@yahoo.com Web: www.shearartistryhair.com

Employment Application

		App	licant	Information			
Full Name:						Date:	
	Last	First	!		M.I.		
Address:							
	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:				Email			
Date Availa	ble: Social	Security	/ No.:_		Desired	Salary:	
Position App	plied for:						
		•					
Have you a	pplied here before? Yes		No				
If yes, positi	ion and date of application:						
Employment type desired:							
What prompted you to apply at Shear Artistry? Advertisement Agency							
	Other_						
Are you ove	er 18 years old?	YES	NO	If no, are you autho	orized to wo		
	you submit verification of your k in the United States?	YES	NO	If yes, when?			
for which the ordered sea (Applicants solely on the nature and	ver been convicted of a felony e record has not been judicially aled, expunged, or eradicated? will not be denied employment e grounds of a conviction. The date of the offense and p circumstances may be	YES	NO				
If ves. expla	ain:						

		Qualific	ations	5		
Certified Position:	-					
State License Numl						
Qualifications & Spe						
		Educa	ation			
High School:		Address:				
From:	To:	Did you graduate?	YES	NO	Diploma::	
College:		Address:_				
From:	To:	Did you graduate?	YES	NO	Degree:	
Other:		Address:_				
From:	To:	Did you graduate?	YES	NO	Degree:	
		Refere	nces			
Please list three pr	rofessional referenc	ces.				
Full Name:					Relationship:	
C						
Address:						
Full Name:					Relationship:	
Company:					Phone:	
Address:						
Full Name:					Relationship:	
Company:					Phone:	
Address:						
		Previous Er	nployı	ment		
Company					Phone:	
Addross:						
Job Title:		Starting Salary:			Ending Salary	y: \$
Responsibilities:						
From:	To:	To: Reason for Leaving:				

May we con	tact your previous supervisor for a reference?	YES	NO			
Company:				Phone:Supervisor:		
Job Title:	Starting S	Ending Salary: <u></u> \$				
Responsibil	ities:					
From:	To:	Reason f	or Leaving	:		
-	tact your previous supervisor for a reference?	YES	NO			
Company:				Phone:		
Address:						
Job Title:	Starting S					
From:	To:			:		
May we con	stact your previous supervisor for a reference?	YES	NO			
Availability Please indicate the days and times you are available to work:						
EOE Shear Artistry Hair & Color Salon is an equal opportunity employer. Shear Artistry Hair & Color Salon seeks in all of its operations, to employ individuals for available positions on the basis of their qualifications, working knowledge, and competency. Shear Artistry Hair & Color Salon has a continuing commitment to ensuring that fair and equal employment opportunities are extended to all qualified persons without regard to race, color, religion, sex, national origin, age, disability, or veteran status.						
falsified stater references an they may have information. I for any specifi company repr	Disclaimer a the facts contained in this application are true and complete ments on this application shall be grounds for dismissal. If demployers listed above give you any and all information to episonal or otherwise, and release the company from also understand and agree that no representative of the field period of time, or to make any agreement contrary to desentative."	ete to the besi I authorize in n concerning all liability for company has	t of my knowl vestigation of my previous any damage s any authorit	f all statements contained herein and the employment and any pertinent information that may result from utilization of such ty to enter into any agreement for employment in writing and signed by an authorized		
Signature:				Date:		