



SHEAR ARTISTRY
HAIR & COLOR SALON

3507 Youree Drive
Shreveport La 71105
318 .868. 1124

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

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Have you applied here before? Yes No

If yes, position and date of application: _____

Employment type desired: Full time Part time Temporary Internship Seasonal

What prompted you to apply at Shear Artistry? Advertisement Agency
 Referral _____
 Other _____

Are you over 18 years old? YES NO If no, are you authorized to work in the U.S.? YES NO

If hired, can you submit verification of your right to work in the United States? YES NO If yes, when? _____

Have you ever been convicted of a felony for which the record has not been judicially ordered sealed, expunged, or eradicated? (Applicants will not be denied employment solely on the grounds of a conviction. The nature and date of the offense and surrounding circumstances may be considered.) YES NO

If yes, explain: _____

Qualifications

Certified Position: _____

State License Number (include state): _____

Qualifications & Special Skills: _____

Education

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: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact 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.

Disclaimer and Signature

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature: _____ Date: _____