



330-244-2951
 4719 Fulton Dr Nw.
 Canton, OH 44718
 www.kcapellisalon.com

Employment Application

Applicant Information

Full Name: _____ Date: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Phone: ()

E-mail Address:

Date Available: Social Security No.: Desired Salary/Commission: \$ or %

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
 Have you ever worked for this company? YES NO If yes, when?
 Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address: From: To: Did you graduate? YES NO Degree:

College: Address: From: To: Did you graduate? YES NO Degree:

Beauty School: Address: From: To: Did you graduate? YES NO Degree:

References

Please list two professional references.

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

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____