



## APPLICATION FOR EMPLOYMENT

**POSITION APPLIED FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICANTS PERSONAL DETAILS:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL # \_\_\_\_\_

IS THERE ANY REASON YOU WOULD NOT BE ABLE TO PERFORM THE POSITION YOU ARE APPLYING TO WORK? \_\_\_\_\_

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DATE AVAILABLE FOR EMPLOYMENT: \_\_\_\_\_

**EDUCATION:** When applicable, please supply copy of license...Cosmetology/Esthetic/Massage/Nail

**SCHOOL ATTENDED:** High School \_\_\_\_\_

DATE GRADUATED \_\_\_\_\_

**COLLEGE UNIVERSITY ATTENDED:**

DATE GRADUATED \_\_\_\_\_

**BEAUTY SCHOOL / TRADE SCHOOL** \_\_\_\_\_

DATE GRADUATED \_\_\_\_\_

**OTHER TRAINING / INSTITUTION ATTENDED/ CERTIFICATIONS**

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HOBBIES / INTERESTS \_\_\_\_\_

SOCIAL MEDIA HANDLES \_\_\_\_\_

**EMPLOYMENT HISTORY**

START WITH YOUR MOST RECENT EMPLOYER

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EMPLOYER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ PERIOD EMPLOYED \_\_\_\_\_

RESPONSIBILITIES/DUTIES \_\_\_\_\_

PERMISSION TO CONTACT SUPERVISOR \_\_\_\_\_

EMPLOYER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ PERIOD EMPLOYED \_\_\_\_\_

RESPONSIBILITIES/DUTIES \_\_\_\_\_

PERMISSION TO CONTACT SUPERVISOR \_\_\_\_\_

EMPLOYER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_ PERIOD EMPLOYED \_\_\_\_\_

RESPONSIBILITIES/DUTIES \_\_\_\_\_

PERMISSION TO CONTACT SUPERVISOR \_\_\_\_\_

**REFERENCES: (NOT FAMILY)**

NAME: \_\_\_\_\_ CONTACT # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PERIOD KNOWN \_\_\_\_\_

**REFERENCES: (NOT FAMILY)**

NAME: \_\_\_\_\_ CONTACT # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PERIOD KNOWN \_\_\_\_\_

**REFERENCES: (NOT FAMILY)**

NAME: \_\_\_\_\_ CONTACT # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PERIOD KNOWN \_\_\_\_\_

**REFERENCES: (NOT FAMILY)**

NAME: \_\_\_\_\_ CONTACT # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PERIOD KNOWN \_\_\_\_\_

**DECLARATIONS:**

I DECLARE THAT I UNDERSTAND THIS IS AN APPLICATION FOR A POSITION ONLY AND DOES NOT IMPLY ANY PROMISE OF EMPLOYMENT ON BEHALF OF GEG ENTERPRISES INC. DBA SCOTT TALBOT SALONSPA OR IT'S AFFILIATES.

I THE UNDERSIGNED APPLICANT HEREBY DECLARE THAT ALL OF THE INFORMATION ON THIS APPLICATION EMPLOYMENT FORM IS ACCURATE AND TRUE AND I UNDERSTAND THAT ANY FALSEHOOD OR OMISSION ON MY PART MAY BE GROUNDS FOR FUTURE DISMISSAL FROM THE POSITION OR WITHDRAWL OF AN OFFER OF EMPLOYMENT

SIGNED AT \_\_\_\_\_ AM/PM ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

**SIGNATURE:**

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