

APPLICATION FOR EMPLOYMENT
SALON MANAGEMENT, INC.
SHEAR AMERICA SALONS

Equal Opportunity Employer

Personal information:

Name: _____

Address: _____

City: _____

State and Zip Code: _____

Phone Number: _____ Cell Number: _____

Social Security Number: _____

Employment Desired:

Position: _____ Date you can start: _____

Salary Desired: _____ Referred by: _____

Education History:

High School: _____ Location: _____

Graduated: _____ Yes _____ No

Subjects Studied: _____

College: _____ Location: _____

Graduated: _____ Yes _____ No

Subjects Studied: _____

Trade, Business School: _____ Location: _____

Graduated: _____ Yes _____ No

Subjects Studied: _____

Former Employers:

Date/Month/Year	Name and Address of Employer	Position	Reason for leaving	Salary
From _____ To _____	_____ _____	_____	_____	_____
From _____ To _____	_____ _____	_____	_____	_____
From _____ To _____	_____ _____	_____	_____	_____

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References:

Name	Address and Phone Number	Business	Years known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Authorization:

“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 to 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 my result from utilization of such information.

I 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date _____ Signature _____

Salon Management, Inc.
Shear America Salons
2221 S. Webster Ave.
#115
Green Bay, WI 54301
920-779-4116
shearamerica@sbcglobal.net

This company prohibits discrimination because of race, color, religion, national origin, handicap, marital status, sex or age.