

# JAMES CRAIG

HAIRCOLOR & DESIGN

## APPLICATION

### PERSONAL

NAME: Please PRINT or TYPE First Name, Last Name and Middle Initial SOCIAL SECURITY NO. HOME TELEPHONE NO.

ADDRESS: Street Number and Name, City, State, Zip Code

If under the age of 18, do you have a work permit? YES  NO  If required, would you be willing to work: Please check one box in each category,  
Shift work? Yes  No  Overtime? Yes  No  Holidays? Yes  No  Work Schedule other than Mon-Fri? Yes  No

### POSITION DESIRED

Position desired	Date Available	Salary Desired \$
Type of Employment	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Cooperative Education <input type="checkbox"/>	
What prompted your application?		
Advertisement (please identify source below) <input type="checkbox"/> Walk In <input type="checkbox"/> Employee Referral <input type="checkbox"/> Agency <input type="checkbox"/> Other <input type="checkbox"/>	Identify Name	Please specify

### EDUCATION AND TRAINING

	HIGH SCHOOL				COLLEGE OR UNIVERSITY				TRADE SCHOOL	
Indicate last level completed.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2

NAME OF SCHOOL	LOCATION	MAJOR	DEGREE
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Additional Educational, Vocational and/or Professional Information:

Additional Skills:

Computer  Second Language  Other

### EMPLOYMENT HISTORY

Account for at least the last ten years

List PRESENT or LAST employer first.

Employer	Employment dates	Weekly or Monthly Salary
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Employer	From	To	Start	Final
Immediate Supervisor	What was your Job Title?			
Address				Telephone Number
Description of Duties				
Reason for Leaving				
Account for period between jobs.				

Employer	Employment dates		Weekly or Monthly Salary	
	From	To	Start	Final
Immediate Supervisor	What was your Job Title?			
Address				Telephone Number
Description of Duties				
Reason for Leaving				
Account for period between jobs.				

Employer	Employment dates		Weekly or Monthly Salary		
	From	To	Start	Final	
Immediate Supervisor	What was your Job Title?				
Address				Telephone Number	
Description of Duties					
Reason for Leaving					
Account for period between jobs.					
NAME and ADDRESS of ADDITIONAL EMPLOYERS		Dates		Job Title	Reason for
		From	To		Leaving

## EMPLOYMENT REFERENCES

Please list three persons we can contact for technical or business references, prior to employment.

Name	1.	2.	3.
Title	1.	2.	3.
Company	1.	2.	3.
Address	1.	2.	3.
Telephone	1.	2.	3.

If you are not a U.S. citizen, can you provide written verification of your legal right to work in the U.S.? Yes  No

Have you ever been convicted of a felony? Yes  No

If yes give details at right.

### APPLICANTS STATEMENT

I certify that information given herein and on my resume is true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, and further, authorize my former employers to disclose to the company any and all information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in this application or conveyed during any interview is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated any time, with or without prior notice, at the option of either myself or the company.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date