SALON NAAVA EMPLOYMENT APPLICATION

1905 Scenic Highway North, Suite 810 Snellville, GA 30078

| Date of Applica | tion: | | | | | | | |
|---|----------|-----------|--------------|---------|---------|-----------------------|---|--|
| Instructions: Please print clearly and complete all required information. Incomplete applications will not be considered. Please mail application to the address above to the attention of the Salon Manager. | | | | | | | | |
| Name: | | | | | | | | |
| Social Security I | Number | : Can l | be prov | vided | on site | e if/when interviewed | | |
| Mailing Address: | | | | | | | | |
| City, State: | | Zip Code: | | | | | | |
| Phone: (Home)_ | (Cell) | | | | | | | |
| Email Address: | | | | | | | | |
| Educational Bac | kgroun | d : (Cir | cle hig | ghest g | grade (| completed) | | |
| High School | 9 | 10 | 11 | 12 | Year | Graduated: | | |
| College: | 1 | 2 | 3 | 4 | 4+ | Major: | | |
| | | | | | | | | |
| Cosmetology Tr | aining | | | | | | | |
| Cosmetology Sc | hool yo | u atten | d(ed): _ | | | | | |
| Other Cosmetol | ogy trai | ning: _ | | | | | | |
| Do you have a Georgia State Board of Cosmetology License? Yes No | | | | | | | | |
| If no, are you or | will yo | u be bo | ard eli | gible | soon? | Yes No When: | | |
| Do you have a C | Cosmeto | logy Li | cense i | from a | anothe | r state? Yes No | | |
| PLEASE ATTAC | CH A C | OPY O | F YOU | R LIC | ENSE | WITH THIS APPLICATIO | N | |
| When will you g | graduate | e from (| Cosme | tology | y Scho | ol? (if applicable) | | |
| Are you willing | to reloc | ate? | Yes | No | | | | |
| When are vou as | vailahle | to wor | k? | | | | | |

| POSITION FOR WHICH YOU AR | E APPLYING (Please check only one) | | | | |
|---|-------------------------------------|--|--|--|--|
| Client Coordinator: | Stylist: (Qualified): | | | | |
| Intern: (Licensed) | Colorist(Qualified): | | | | |
| Make-up Artist: Esthetician(Qualified): | | | | | |
| PREVIOUS | EMPLOYMENT HISTORY | | | | |
| Company Name: | | | | | |
| Address: | | | | | |
| | Zip code: | | | | |
| Company Contact: | Phone #: | | | | |
| Position Held: | | | | | |
| | | | | | |
| | to | | | | |
| Reason for Leaving: | | | | | |
| | | | | | |
| Address: | | | | | |
| | Zip code: | | | | |
| Company Contact: | Phone #: | | | | |
| Position Held: | | | | | |
| | | | | | |
| | to | | | | |
| Reason for Leaving: | | | | | |

| Company Name: | |
|---|--|
| Address: | |
| City, State: | Zip code: |
| Company Contact: | Phone #: |
| Position Held: | |
| Duties: | |
| Employment Dates: From | to |
| Reason for Leaving: | |
| Are you a citizen of the United States? | Yes No |
| 9 | this employment application or in the granting contract between me and this company or the |
| Applicant's Signature: | |