

ECCO SALON

Application for Employment

Position applied for _____

Full Time or Part Time _____ **Total Amount of Desired Hours** _____

First Name _____ **Last Name** _____

Nick Name/ Name preferred _____

Date of Birth _____ **SSN (optional until hire)** _____

Contact Information

Home Phone _____ **Cell Phone** _____

Address

E-mail Address _____

Education

Name & Location	Degree Received	Dates Attended
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Experience

Job Title _____

Employer _____

Address _____

Dates Employed _____ - _____

Duties _____

Dates Employed _____ - _____

Job Title _____

Employer _____

Address _____

Duties _____

Dates Employed _____ - _____

Job Title _____

Employer _____

Address _____

Duties

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

References

Name	Phone Number	Address	Relationship
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Availability

Tuesday	Wednesday	Thursday	Friday	Saturday
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Status of Cosmetology license if applicable _____

I, _____, hereby declare all the above information to be truthful and accurate to the best of my knowledge.

Signature

Date