

As an equal opportunity employer Bellísima Salon does not discriminate in hiring or terms and conditions of employment because of an individual's race, creed, color, sex, age, religion, disability or national origin Bellísima Salon only hires individuals authorized for employment in the United States.

Position applying for:		
Full Time ()	Part Time ()
Date Available: Date Applying:		

Personal Information

Last Name	First Name			Middle Initial
Last Name	This evalue			madic melal
Date of Birth	Social Security Number		Are you authorized for employment in the United States? () Yes () No	
Present Street Address		City	State	e Zip Code
Phone Number	Email A	ddress		

Education

Type of School		Name and Location of School	Area of Study	# of years attended	Graduated Yes/No
High School	Name				
	City	State			
Junior College	Name				
	City	State			
College	Name				
	City	State			
Graduate School	Name				
	City	State			
Other	Name				
	City	State			

Academic and Professional Activities and Achievements

Academic and professional activities and achievements, awards, publications or technical-professional societies. Indicate type or				
name. Exclude organizations which indicate race, creed, color, sex, age, religion, disability or national origin or its members.				
	Date(s):			
	Date(s):			

Special Skills

Other skills applicable to position:	

Emergency Contact

This information is to facilitate contact in the event of an emergency and is not used in the selection process.				
Name:	Phone:	Relationship:		

Employment History

		vith the most recent pos y we contact your prese	•	than 4 places of emp ()Yes ()No	•	clude personal
Dates	Name and Add	dress of Employer	Position Held/ Supervisor Name	Major Duties	Wages	Reason for leaving
From /	Name: Address:		Job Title		Starting	
To /	Phone:		Supervisor		Final	
From /	Name: Address:		Job Title		Starting	
To /	Phone:		Supervisor		Final	
From /	Name: Address:		Job Title		Starting	
To /	Phone:		Supervisor		Final	
From /	Name: Address:		Job Title		Starting	
To /	Phone:		Supervisor		Final	
	-	tion involving a change of	Miscellaneous of your name or assume	ed name that will per	rmit us to ch	neck your work
Have you	Have you ever been employed by Bellísima Salon or any of its subsidiaries before? () Yes () No Position?					
		s that currently/ have in of a crime? () Yes (· 			
that any fal connection record; whi documents friends, neig a reasonabl It i medical sub examination If I at any time	sification or omission with this application chever may be application and personal intervies with a period of time for a sunderstood that, as estance abuse or other, which may be requam hired, I agree that, at the option of Bell	information given by mowill be immediate group concerning my characte able. I understand what was with third parties, so whom I am acquainted a complete and accurate a condition of initial or er, as may be required by ired. It my employment and contain a complete and accurate a condition of initial or er, as may be required by ired. It my employment and contain a condition or myself.	nds for dismissal. I auth er, general reputation, er this investigation may uch as employers, family . I further understand to disclosure of the natur continued employment y the company. The con compensation can be te	employment is comporize a thorough invitorize a thorough invitorize and I hereby members, business that I have the right the and scope of the intimate and scope of the intimate and will pay the response of the response will pay the response and will pay the response at the response of the intimate and scope of the intimate and scope of the intimate and scope of the response will pay the response at the response	estigation t location back authorize t s associates, o make a w nvestigation o such lawfu easonable co	o be made in ground and criminal he release of financial sources, ritten request within . ul examinations, ost of any such
Date:		Print Name:				
		Signature:				