Leon Studio One
School of Beauty Knowledge

Leon Studio One Is an equal opportunity employer dedicated to non-discrimination in employment. **Leon Studio One** selects the best qualified individual for the job based on job-related qualifications regardless of race, age (40+), color, religion, sex, national origin, marital status, sexual orientation, disability, or any other status protected by applicable law. Please print clearly and complete ALL information requested (use N/A if not applicable to you).

Date: _____

Personal Information

Name: _____
First MI Last

Address:_____

City:_____ State: _____ Zip: _____

Home Phone: _____ Alt. phone: _____

Social Security Number: _____ Are you 18 yrs or older? YES NO

_____

Employment Desired

Position desired: _____ Date you can start: _____ Salary desired: _____

Are you currently employed? _____ May we contact your current employer? _____

Do you currently have a NYS Cosmetologist License?_____

Referred by: _____

Education

	Name of School and location	**Did you graduate? Y/N In what year**	**# of years attended**
High School			
College			
Trade or business school			

Special skills or achievements:

_____

_____

Have you served in the armed forces? YES NO If yes, what branch? _____

Employment

DATES: Month and Year	Name and address of employer	Salary	Position	Reason for leaving

Which of these jobs did you like best? _____

What did you like most about this job? _____

Describe the traits that you have that would be an asset to the company:_____

_____

_____

_____

_____

In case of emergency please notify: _____

Name Relationship Phone

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

If there are specific days and/or times that you are not available to work please list and explain:

_____

_____

"I certify that the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

Date: _____ Signature: _____

Print Name: _____