



Om Beauty Salon

200 Buckelew Ave, 2nd Floor,

Jamesburg, New Jersey 08831

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EMPLOYMENT APPLICATION

APPLICANT INFORMATION (Please Print)

Last Name		First Name		M.I.	Today's Date
Street Address			City	State	Zip
Desired Salary	Social Security #		Email Address		
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you authorized to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available		
What position are you applying for?			How did you hear about this position?		
Home Phone ()	Cell Phone ()		NJ Cosmetology License #		
Have you ever convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain			

EDUCATION

	Address	Last Year Complete	Degree
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
List any applicable special skills, training or proficiencies.			

REFERENCES (PLEASE LIST THREE PROFESSIONAL REFERENCES)

	Reference 1	Reference 2	Reference 3
Full Name			
Company			
Address			
Telephone			

PREVIOUS EMPLOYMENT

Employer		Phone# ()	
Address		City	State Supervisor
Job Title	Starting Salary \$		Ending Salary \$
Dates of Employment	From	To	May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities			
Reason for Leaving			

Employer		Phone# ()	
Address		City	State Supervisor
Job Title	Starting Salary \$		Ending Salary \$
Dates of Employment	From	To	May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities			
Reason for Leaving			

Employer		Phone# ()	
Address		City	State Supervisor
Job Title	Starting Salary \$		Ending Salary \$
Dates of Employment	From	To	May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities			
Reason for Leaving			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records. I release all parties from liability for any damage that may result from furnishing this information. This applies to any information given throughout the interview process.		Signature	Date
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