

4019 Skippack Pike  
Skippack, PA 19426



610-584-7840 • OPEN 7 DAYS  
www.stylecrafters.com

## EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Full or Part-time: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Cosmetology License #: \_\_\_\_\_

Have you ever been convicted of a state or federal felony? Yes No

If yes, please provide the dates and details regarding your felony.

\_\_\_\_\_  
\_\_\_\_\_

Are you licensed in any other states and/or countries? Yes No

If so, which ones? \_\_\_\_\_

Do you have any friends or relatives employed by us? Yes No

If Yes, who?: \_\_\_\_\_ Referred by: \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Where: \_\_\_\_\_

May we contact your employer? \_\_\_\_\_ Contact Info: \_\_\_\_\_

Date you can start work? \_\_\_\_\_



## Employment Experience

*(Starting with present or most recent)*

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Compensation/Salary: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Compensation/Salary: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Compensation/Salary: \_\_\_\_\_

Duties Performed: \_\_\_\_\_



## EDUCATION

Cosmetology School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Start Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

University/College: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

No. of yrs completed: \_\_\_\_\_ Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Please list all advanced courses, training, educational seminars, and conferences attended/completed:

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## PROFESSIONAL MEMBERSHIPS

Please list all professional memberships that will be beneficial to your work in this position:

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**REFERENCES** *List three references (include two professional references)*

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Title and/ relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Title and/ relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Title and/ relationship: \_\_\_\_\_

**HOURS OF AVAILABILITY** *Please list all the hours you are available to work*

MONDAY: \_\_\_\_\_ TUESDAY: \_\_\_\_\_  
WEDNESDAY: \_\_\_\_\_ THURSDAY: \_\_\_\_\_  
FRIDAY: \_\_\_\_\_ SATURDAY: \_\_\_\_\_  
SUNDAY: \_\_\_\_\_

Skippack Stylecrafters Salon is an at will employer whereby the employee is free to resign an at will employer at any time with or without cause. Similarly, Skippack Stylecrafters Salon may terminate the employment relationship of an at will employer at any time, with or without cause.

I certify that the answers given are true and accurate to the best of my knowledge. I authorize Skippack Stylecrafters Salon to verify any representations made by me orally or written concerning personal employment, financial and or/ other related matters as may be necessary in determining an employment decision.

I understand that Skippack Stylecrafters Salon may contact individuals or organizations other than these I have provided as a reference in this process. I hereby release all employers, companies, corporations, credit bureaus, law enforcement agencies, schools, or persons from any and all liability in responses given in this application (and or interviews) which may result in discharge of employment or withdrawal of job offer. I also understand that prior written consent from Skippack Stylecrafters Salon is required for participation in outside ventures or additional employment should I enter into an employment agreement with Skippack Stylecrafters Salon.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_