

SKY SALON, INC.

Employment Application

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address	Apartment/Unit #				
City	State	ZIP			
Phone	E-mail Address				
Date Available	Social Security No.	Desired Salary			
Position Applied for					
Are you a citizen of the	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION					
High School	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary	\$
Responsibilities			
From		To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary	\$
Responsibilities			
From		To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary	\$
Responsibilities			
From		To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date