



Employment Application Form

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle

Present address _____
Street City Province Postal Code How Long?

Contact Info () () () _____
Phone Fax Cell E-mail

How many hours can you work weekly? _____ Can you work nights? _____

If under 18, please list age _____ Days and hours able to work _____

What position are you applying for? (Please circle one)

- Associate
 Stylist
 Designer
 Artistic Director
 Marketing Director
 Style Director
 Esthetician
 Salon/Spa Co-ordinator

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

Employment desired
 FULL-TIME ONLY
 PART-TIME ONLY
 FULL- OR PART-TIME

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?
 No
 Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

	APPLICATION FOR EMPLOYMENT	
--	----------------------------	--

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Name of employer _____ Address _____ City, Province, Postal Code _____ Phone number _____	Name of last supervisor _____	Employment dates From To _____	Pay or salary Start Final _____
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

APPLICATION FOR EMPLOYMENT

Name of employer _____ Address _____ City, Province, Postal Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____ Address _____ City, Province, Postal Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____ Address _____ City, Province, Postal Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

APPLICATION FOR EMPLOYMENT

May we contact your present employer? Yes No

If not, why? _____

Did you complete this application yourself Yes No

If not, who did? _____

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Please fax, mail or drop off this application to:
Michael Fendley, 100 1039 Richards St., Vancouver, BC, V6B 3E4, fax 604 602 0055