



If additional space is required to adequately answer any question, please indicate by an asterisk (*) and identify the supplemental information on a separate sheet. In reading and answering these questions, please keep in mind that none of the questions are intended to imply limitations, preferences or discrimination based on age, sex, marital status, race, religion, color, national origin, veteran status, or existence of any sensory, mental or physical disability that does not interfere with the performance of the position for which you are applying. **All information requested must be completed for your application to be considered. Please type or print clearly in ink. Answer all questions. If one does not apply, insert "NA".**

Please send your completed resume to office@johnnyrodriguezsalon.com.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ City/State: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ City/State: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

Cosmetology School: _____ City/State: _____
 From: _____ To: _____ Did you graduate? YES NO License#: _____

References

Please list three professional references.

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 NO

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 NO

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 NO

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: _____