

UPSCALE MALE

HAIRCUTS FOR MEN

HR-Phone 630-499-1599 HR- Fax 630-566-3335

Email- upscalemale@sbcglobal.net

Application For Employment (Please Print)

Date: _____

I. Personal Information

Name: Last First Middle Initial

Address City State Zip

Social Security # Birth Date Home Phone Cell Phone

Illinois Cosmetology Lisc. # _____ Date Lisc. Received _____

Is you License Active and Current with the state of Illinois YES _____ NO _____

Are you current on your CEU requirements with state board YES _____ NO _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, Etc.) before employment begins. Failure to submit proof within the required time shall result in immediate employment termination.

II. Educational History

School Name/Location Years Completed Degree/Diploma

High School _____

College _____
Cosmetology Training _____

Other _____

III. Employment History *Please include all employment for the last three years.*

1.

Company Name (Current or Most Recent)

Position Held

Address

Dates Employed: From To

Manager/Supervisor

Telephone

Wage/Salary

Reason for Leaving

2.

Company Name

Position Held

Address

Dates Employed: From To

Manager/Supervisor

Telephone

Wage/Salary

Reason for Leaving

3.

Company Name

Position Held

Address

Dates Employed: From To

Manager/Supervisor

Telephone

Wage/Salary

Reason for Leaving

