



2923 N. Center Street, Ste C
Hickory, NC 28601
WAXmd123@gmail.com

Name: _____ Date: _____

Address: _____

Phone Number: _____

Email Address: _____

Position Desired: Manager - Receptionist - Esthetician/Waxologist

Availability: M - T - W - Th - F - Sa - Su

Desired start date: _____

Desired Salary: _____

EDUCATION (may attach resume)

High School: _____

* years attended: _____ *year graduated _____

College: _____

* years attended: _____ *year graduated _____

* course of study: _____

Trade, Business, or other school: _____

* years attended: _____ *year graduated _____

* course of study: _____

Trade, Business, or other school: _____

* years attended: _____ *year graduated _____

* course of study: _____

WORK HISTORY (may attach resume)

Employer: _____
* address: _____
* phone: _____
* salary: _____
* position: _____
* job duties: _____
* reason for leaving: _____
* dates of employment: _____
* may we contract your previous employer: Yes or No

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REFERENCES

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

OTHER

Are you 18 year of age or older? Yes or No

Do you have a legal right to work in the United States? Yes or No

Have you ever been convicted of a crime? Yes or No

* If yes, nature of crime: _____

* This document does not create an expressed or implied contract of employment

* All applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age and to afford equal opportunities to veterans and individuals with any other characteristics protected y Federal, State, or Local laws

* Completed applications will remain active for 3 months from date submitted.

* I understand and agree that the information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews can be justification of refusal of employment or , if employed, termination from employment

* I authorize you to communicate with all my former employers, school officials, state agencies and persons named as references, through either oral or written verification. I herby release all employers, schools, state agencies and individuals from any and all liability for any damage whatsoever resulting from giving such information. A copy of the release is valid.

* By signing your name and dating this document, you agree that you read and understand all the preceding statements.

Name: _____

Date: _____

