

PLEASE PRINT ALL INFORMATION REQUESTED
EXCEPT SIGNATURE

PLEASE FILL OUT ALL SECTIONS COMPLETELY

PLEASE NOTE: APPLICANTS MAY BE TESTED FOR
ILLEGAL DRUGS

TEN
PACHI

EMPLOYMENT APPLICATION

TEN PACHI does not discriminate on the basis of age, color, race, sex, sexual orientation, religion, national origin, marital status, veteran status, disability or any other basis prohibited by federal, state or local law. TEN PACHI is an equal opportunity employer.

Date _____ Social Security Number _____

Name _____
Last First Middle

Home Address _____
Number Street City State Zip

Home Phone Number _____ Cell Phone Number _____ Email _____

How did you hear about us? _____

Position applied for _____ Salary desired (be specific) _____

How many hours can you work weekly? _____ When are you available to start? _____

_____ Full-time only _____ Part-time only _____ Full or part-time

Explain why you want to work here _____

Days and hours available to work

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

List most recent jobs first, include all jobs, military service and periods of unemployment lasting more than one month, in the past five years.

Date Month/Year	Business name Address	Supervisor Name/phone	Position	Salary	Reason for leaving (be specific)
From: To:					
From: To:					
From: To:					
From: To:					
From: To:					

Please list two references other than relatives or previous employers.

Name _____ Name _____

Telephone _____ Telephone _____

Relationship _____ Relationship _____

Number of years known _____ Number of years known _____

I authorize investigation of all information provided during the application process. I also authorize the employers and persons listed above to give TEN PACHI all information concerning my previous employment and work history. I release TEN PACHI, its agents, and the employers and persons listed above from any liability for requesting or providing information to TEN PACHI about me.

I acknowledge that I have read and understand the above statements. I certify that I completed the application myself, and all my answers to the questions in this application and any other information I may have submitted is true and complete to the best of my knowledge. I understand that giving false or misleading information may be reason for denial of employment or termination if hired.

Applicant's signature _____ Date _____

Are you employed now? _____ Is so, may we contact your present employer? _____

Manager's name and phone number _____

How often would you like to participate in salon education? _____

Are you over the age of 18? Yes ____ No ____

Have you ever been convicted of a crime, other than a minor traffic offense? Yes ____ No ____

If yes, please 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. Conviction itself is not an automatic bar to employment. _____

Will anything interfere with your ability to perform, on a regular basis, the duties of the job for which you are applying? Yes ____ No ____ If yes, please explain _____

Please list any other skills, licenses, or certificates that are related to the job for which you are applying _____

Languages spoken other than English, if any _____

	Name City, State	Date Started	Date Completed	Did you graduate?	Subjects studies and Degree(s) received
High School					
College					
Cosmetology					
Apprentice Program					
Specialized Trainings					
Continuing Education					