

Kut N Beauty

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME		HOME PHONE: (____) _____
FIRST: _____ MIDDLE: _____ LAST: _____		CELL PHONE: (____) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____		SOCIAL SECURITY NUMBER - - -
WHAT POSITION ARE YOU APPLYING FOR? _____ FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>		ARE YOU OVER 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF ANY CHARGES, OTHER THAN MINOR TRAFFIC VIOLATIONS? THIS QUESTION SEEKS INFORMATION ON ANY CONVICTION FROM ANY POINT IN YOUR LIFE EVEN IF THE CONVICTION WAS REMOVED FROM YOUR RECORD. FAILURE TO ACCURATELY RESPOND TO THIS QUESTION WILL RESULT IN EITHER YOUR REJECTION FOR EMPLOYMENT, OR DISMISSAL. APPLICANTS SHOULD VERIFY THEIR LEGAL OBLIGATION TO REPORT CERTAIN CONVICTIONS AS SPECIFIED BY LABOR CODE SECTION 432.8		IF NOT, CAN YOU PROVIDE A VALID WORK PERMIT?
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE DETAILS BELOW:		IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE A WORK PERMIT FROM THE U.S. IMMIGRATION AND NATURALIZATION SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE _____	CITY/ STATE _____	PROOF WILL BE REQUIRED.
OFFENSE _____	PENALTY _____	HAVE YOU PREVIOUSLY BEEN EMPLOYED BY KUT N BEAUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
CALIFORNIA DRIVER'S LICENSE NO. _____ EXPIRATION: _____		IF YES, WHICH LOCATION? _____

EDUCATION

NAME AND LOCATION OF HIGH SCHOOL	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HIGHEST GRADE COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
COLLEGE OR UNIVERSITY	DATE	MAJOR	DEGREE RECEIVED
DO YOU HAVE ANY PROFESSIONAL LICENSES OR CERTIFICATES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST:			
ARE YOU A MEMBER OF ANY PROFESSIONAL INSTITUTE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST:			
PLEASE LIST ANY OTHER TRAINING RELATED TO THE JOB YOU ARE APPLYING FOR:			

EXPERIENCE

PLEASE LIST YOUR PRESENT OR MOST RECENT POSITION FIRST. WE MAY CONTACT YOUR RECENT EMPLOYER.

COMPANY NAME	FROM: MM/YY	TO: MM/YY	POSITION	SUPERVISOR NAME & PHONE
SALARY: \$ _____ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY			HOURS PER WEEK	REASON FOR LEAVING:

COMPANY NAME	FROM: MM/YY	TO: MM/YY	POSITION	SUPERVISOR NAME & PHONE
SALARY: \$ _____ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY			HOURS PER WEEK	REASON FOR LEAVING:

COMPANY NAME	FROM: MM/YY	TO: MM/YY	POSITION	SUPERVISOR NAME & PHONE
SALARY: \$ _____ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY			HOURS PER WEEK	REASON FOR LEAVING:

COMPANY NAME	FROM: MM/YY	TO: MM/YY	POSITION	SUPERVISOR NAME & PHONE
SALARY: \$ _____ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY			HOURS PER WEEK	REASON FOR LEAVING:

CONTACT INFORMATION

PLEASE LIST 3 REFERENCES WHO ARE NOT RELATED TO YOU:

NAME	YEARS KNOWN	PHONE NUMBER	BUSINESS
NAME	YEARS KNOWN	PHONE NUMBER	BUSINESS
NAME	YEARS KNOWN	PHONE NUMBER	BUSINESS

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I HEREBY AUTHORIZE KUT N BEAUTY TO INVESTIGATE ALL STATEMENTS, INFORMATION AND MATTERS CONTAINED IN THIS APPLICATION. I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION, MISREPRESENTATION, OR OMISSION OF A MATTER WILL BE GROUNDS FOR IMMEDIATE REMOVAL FROM ELIGIBILITY OR DISMISSAL OF EMPLOYMENT FROM KUT N BEAUTY.

I AGREE TO ABIDE BY THE RULES, PROCEDURES AND POLICIES OF KUT N BEAUTY. I UNDERSTAND THAT MY EMPLOYMENT WILL BE AT-WILL AND THAT MY FIRST 90 DAYS OF EMPLOYMENT WILL BE DEEMED MY PROBATIONARY PERIOD. I MAY BE REASSIGNED, SUSPENDED, DEMOTED OR EVEN TERMINATED AT ANY TIME WITH OR WITHOUT NOTICE.

APPLICANT'S SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

INTERVIEWED BY: _____ POSITION: _____ DATE: _____

REMARKS: _____

START DATE: _____ STARTING SALARY: _____ POSITION: _____

FULL TIME PART TIME, HOURS PER WEEK: _____

STORE MANAGER APPROVAL: _____ DATE: _____