

MiniLuxe
792 Beacon Street
Newton Centre, MA 02459
617-332-9200
www.miniluxe.com



Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PERSONAL INFORMATION

Date _____
Name _____
Last First Middle Maiden
Present address _____
City _____ State _____ Zip Code _____
How long _____
Social Security No _____ - _____ - _____
Home Telephone (____) _____ Cell Phone (____) _____
If under 18, please list age _____

PROFESSIONAL INFORMATION

Position applying for _____ Hourly Wage desired _____

How many hours can you work weekly? _____

Days/Hours available to work

No Preference		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	

Employment Desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Date available to begin work _____

How did you hear about this company? _____

Are you legally authorized to work in the United States? Yes No

Primary Language _____

If not English, are you fluent in spoken English? Yes No written English? Yes No

Do you have computer skills? Yes No

EDUCATION

Name of High School _____

Mailing Address _____
Street City State Zip

Number of Years _____ Diploma Yes No

Special Training _____

Name of College _____

Mailing Address _____
Street City State Zip

Number of Years _____ Diploma Yes No

Special Training _____

Name of Cosmetology School _____

Mailing Address _____
Street City State Zip

Number of Years _____ Number of Classroom Hours _____

License Type _____ Date Issued _____ Date Expired _____

Special Training _____

CRIMINAL RECORD

Have you ever been convicted of a crime? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such of-
fense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

Note: Answering "yes" doesn't necessarily exclude you from further consideration of this position

DRIVING RECORD

Do you have a driver's license? Yes No

What is your means of transportation to work? _____

License number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

REFERENCE

Please list two references **other** than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

Name of Company _____ Name of Supervisor _____
Address _____
Street City State Zip
Phone Number (_____) _____
Employment Dates _____ Salary: Start _____ Final _____
Your last job title _____
Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Name of Company _____ Name of Supervisor _____
Address _____
Street City State Zip
Phone Number (_____) _____
Employment Dates _____ Salary: Start _____ Final _____
Your last job title _____
Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

ADDITIONAL INFORMATION

Use the space below to highlight any additional information or skills that add to your qualifications for this position not mentioned in this application thus far.

APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for immediate dismissal without notice.

Signature _____ Date _____
