

DUNCAN EDWARD EMPLOYMENT APPLICATION

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME _____ DATE _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

DAYTIME TELEPHONE NUMBER: _____ EVENING: _____

EMAIL ADDRESS: _____

Are you 18 years or older? YES NO

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country? YES NO

EMPLOYMENT DESIRED

Position applied for: _____ Available start date: _____

Have you ever been employed by Duncan Edward? Yes No If so, when?

When are you available to work? Full Time Part Time Hours:

EMPLOYMENT HISTORY

Start with your current or most recent job.

Are you presently employed? Yes No

May we contact your present employer? Yes No

EDUCATION AND TRAINING

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	CURRENTLY A	MAJOR
High school					
College					
Cosmetology School					
Other Training					

Are you planning to continue your education? Yes No

If so, what areas are you hoping to pursue? _____

In addition to your work history are there other skills, qualifications or experience that we should consider?

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month & Year)	To (Month & Year)
	Reason For Leaving:	

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month & Year)	To (Month & Year)
	Reason For Leaving:	

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month & Year)	To (Month & Year)
	Reason For Leaving:	

REFERENCES (PERSONS NOT RELATED TO YOU)

NAME	EMAIL ADDRESS	TELEPHONE NUMBER	BUSINESS	YEARS ACQUAINTED

PLEASE READ BEFORE SIGNING

I certify that all information provided by me on this application is true & complete to the best of my knowledge. I understand that any false or misleading statement by me or material omissions of information requested of me may result in rejection of my application or, if employed, my immediate dismissal.

I authorize my previous employers, schools or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn. In the event of employment with Duncan Edward I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

I understand that employment at this employer is "at-will" which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

I understand that in order to be hired for a stylist position I must provide a current state cosmetology license.

I also understand that I will be required to sign a non-compete and a non-disclosure agreement.

I hereby acknowledge that I have read and understand the above statements.

Dated: _____

Applicant's Name (print): _____

Applicant's Signature: _____