

Application For Employment

Full Name

Date

Current Address

City

State

Zip

Email

Phone

What is the month and year you first received your Cosmetology License?

Do you have an Illinois State License?

If not, when is your State Board test date or License renewal?

Are you seeking Full-Time or Part-Time employment?

What position are you applying for?

Date you can start?

Did you include your portfolio?

Why did you choose to apply at Peter DeLuca?

Do you currently have salon experience? Please explain:



Do you consider yourself a leader or a follower? Please explain:

Are you employed now? If yes, why do you want to leave that position?

If hired, what do you hope to gain from working at Peter DeLuca Salon?

List Three Professional/Educational references:

Title	Name	Relation	Phone Number
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List your last three places of employment:

Name	Manager	Dates	Phone Number
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Thank you for expressing interest in Peter DeLuca Salon.
Once complete, please send to peterdelucasalon@yahoo.com

