

APPLICATION FOR EMPLOYMENT  
SALON MANAGEMENT, INC.  
SHEAR AMERICA SALONS

*Equal Opportunity Employer*

Personal information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employment Desired:

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Referred by: \_\_\_\_\_

Education History:

High School: \_\_\_\_\_ Location: \_\_\_\_\_

Graduated: \_\_\_\_\_ Yes \_\_\_\_\_ No

Subjects Studied: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_

Graduated: \_\_\_\_\_ Yes \_\_\_\_\_ No

Subjects Studied: \_\_\_\_\_

Trade, Business School: \_\_\_\_\_ Location: \_\_\_\_\_

Graduated: \_\_\_\_\_ Yes \_\_\_\_\_ No

Subjects Studied: \_\_\_\_\_

Former Employers:

Date/Month/Year	Name and Address of Employer	Position	Reason for leaving	Salary
From _____ To _____	_____ _____	_____	_____	_____
From _____ To _____	_____ _____	_____	_____	_____
From _____ To _____	_____ _____	_____	_____	_____

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References:

Name	Address and Phone Number	Business	Years known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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Authorization:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date \_\_\_\_\_ Signature \_\_\_\_\_

Salon Management, Inc.  
Shear America Salons  
302 S. Nash Street  
P O Box 9  
Hortonville, WI 54944  
920-779-4116  
shearamerica@sbcglobal.net

This company prohibits discrimination because of race, color, religion, national origin, handicap, marital status, sex or age.