APPLICATION FOR EMPLOYMENT

Smudge Nail Bar Sacramento

1831 Exposition Blvd., Suite 100, Sacramento, CA 95815 Salon: 916-306-8835

	Da	1011. 910-300	, 0033				
Personal Information							
First Name	Middle Name		Last Name		S	Social Security No.	
Email		Zip Text		City	S	tate	
Address				Phone No.	S	econdary Phone No.	
Applying For							
Position Applying For			Start W	Jorking From (Date)	S	alary Desired	
Are you legally authorized to work in the U.S? Wants to apply as: Full Tine Part Time Seasonally							
Education History							
High School		Location				Graduated	
Trade School		Location				Graduated	
College		Location				Graduated	
Graduate School		Location				Graduated	
Employment History							
Employer		Date Employed		Position			
Job Duties		Reason For Leav	ring		Sa	alary	
Employment History							
Employer		Date Employed		Position			
Job Duties		Reason For Leav	ving		Sa	alary	
]	Professional Re	ference	s			
Name	(Company			Phone	No.	
Name	(Company			Phone No.		
Name	Company			Phone	Phone No.		
I certify that all answers and state that, if any of the information pro							

Date

this company terminated.

Signature

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We appreciate your participation in applying to Smudge Nail Bar Sacramento. Please complete the form below to help us know your goals and vision.

Question 1: What do you know about Smudge? Why did you apply to this position?
Question 2: Do you have your California licensure(s) relevant to the position? Please list <u>all</u> certifications and expiration dates:
Question 3: What are your specific goals, skills, and expertise related to this position?
Question 4: Have you been terminated or asked to resign from a position? If so, please explain:
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