Shear GLAMOUR Hair and Nail Salon

Employee Application

Name_____ Phone Number_____

Address_____

Birthday_____ Social Security #_____

Job Position: ___ _____

Reference #1
Name: _____ Phone Number: (_____) _____
Relation: _____

Reference #2
Name: _____ Phone Number: (____) _____
Relation: _____

Previous/Present Employer_____ Manager: _____
Phone Number: (_____) _____ Date of Hire: _____
Reason for Leaving_____

Brief Description of What You Think Your Best Qualities Are:

_____
_____
_____
_____
_____.

Please fill in the times and dates that you are available to work:

Mon._____ Tues._____ Wed._____ Thurs._____ Fri._____ Sat_____

_____ _____
Signature Date

984 Route 166 Toms River | (732) 504-7381 | www.shearglamourhairsalon.com | shearglamour@hotmail.com