JOB APPLICATION FORM

BAM STYLE is looking for dynamic & gifted Hair Stylists. We are located in Duluth, MN One of fastest growing cities. At BAM Style, our mission is to provide quality services in an environment that is comfortable and productive for our Clients and Hair Care Consultants.

TO BE CONSIDERED FOR EMPLOY	YMENT, PLEASE COMPLETE	THE FOLLOWING QUESTIONS O VILEGED AND CONFIDENTIAL.	COMPLETELY. ALL INFORMATION WILL BE
Position Applying for:			Application Date:
Last Name:		st Name:	Middle:
Present Address:		City/State:	Zip:
Home Phone:	Alternate l	Phone:	
E-Mail Address:			
Do you have the legal right If hired, you will be required to submit Act of 1986.	t to be employed in t	he US? Yes No	equired by the Immigration Reform and Control
Have you ever been convide Please explain:			lations?
and the second second	CONDITION	S OF EMPLOYME	NT
cause my subsequent dismi provide proof of identity an Reform & Control Act of 19 I understand that consider background check. Therefor truthfulness of all statement who can verify information organization from liability	issal. I understand the deligibility to work is 86). ration for employment ore, I hereby authorize made in this application concerning this applifor providing inform	nat, if accepted for employing the United States (in contingent on the research salon BAM STYLE and cation, contact my formulication, and I release an ation to Salon BAM STYLE	d/or affiliates to investigate the er employers or other persons, and indemnify each person and LE.
SIGNATURE OF APPLI	ICANT (Unsigned Applica	tions are not Valid) D	ATE

EDUCATION/TRAINING HISTORY List Colleges, military, trade, business or other schools attended. Type of Graduated Course of Study Name/Location of School Degree/Certificate (Yes/No) (List Major) SPECIALIZED SKILLS AND KNOWLEDGE List any Skills or knowledge that shows your ability to perform the job for which you are applying. LIST YOUR LAST THREE EMPLOYERS FOR EMPLOYMENT VERIFICATION PURPOSES Current/Last Employer's Name, Address & Phone Number: Your Job Title: Supervisor's Name/Phone Number: Reason for Leaving: Salary: Employed (Month/Year) From: Prior Employer's Name, Address & Phone Number: 2. Your Job Title: Supervisor's Name/Phone Number: Reason for Leaving: Salary: Employed (Month/Year) From: Prior Employer's Name, Address & Phone Number: Supervisor's Name/Phone Number: Your Job Title: Employed (Month/Year) From: Reason for Leaving: Salary: To: REFERENCES Phone: Name: Phone: Name: Phone: Name: