



Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: ( ) - E-mail Address:

Date Available:

Position Applied for: Makeup Artist Hair Stylist Nail Technician

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address: From: To: Did you graduate? YES NO Degree:

College: Address: From: To: Did you graduate? YES NO Degree:

Other: Address: From: To: Did you graduate? YES NO Degree:

Professional References

Please list three professional references.

Full Name: Relationship: Company: Phone: Address:

Full Name: Relationship: Company: Phone: Address:

Full Name: Relationship: Company: Phone: Address:

**Previous Employment**

Company: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

**Disclaimer and Signature**

*By signing this application for employment I am testifying that all information provided is true and accurate. I understand that Make My Face, Inc. reserves the right to discontinue employment if any information on this document proves to be false. Further, I understand that having reliable transportation, maintaining, and educational classes are requirements of continued employment with Make My Face, Inc.*

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

Please email your completed application to Info@MakeMyFaceInc.com or fax to (770) 206-2331

For Management Use Only:  
Applicant Reviewer: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_  
Applicant Interview Date: \_\_\_\_\_ Credentials Verified: Yes or No Applicant Hired: Yes or No