



betan
Employment Application

betan Campbell Salon

330 E Hamilton Ave, Suite #4
Campbell Ca. 95008

Email: betancampbell@gmail.com

Phone: 408.378.8261

PERSONAL INFORMATION

NAME _____ DATE _____

PRESENT ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ REFERRED BY _____

PERMANENT ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

EMPLOYMENT DESIRED

POSITION _____ START DATE _____

SALARY DESIRED _____

EDUCATION HISTORY

HIGH SCHOOL _____

STREET _____

CITY _____ STATE _____ ZIP _____

YEARS ATTENDED _____ DID YOU GRADUATE? YES NO

COLLEGE _____

STREET _____

CITY _____ STATE _____ ZIP _____

YEARS ATTENDED _____ DID YOU GRADUATE? YES NO

SUBJECTS STUDIED _____

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS

US MILITARY OR NAVAL SERVICE _____ RANK _____



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FORMER EMPLOYERS

List below your last four employers, starting with the most current employer.

ARE YOU CURRENTLY EMPLOYED? YES NO

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

EMPLOYER 1

NAME OF EMPLOYER _____ DATE EMPLOYED (FROM/TO) _____

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SALARY _____

POSITION/RESPONSIBILITIES _____

REASON FOR LEAVING _____

EMPLOYER 2

NAME OF EMPLOYER _____ DATE EMPLOYED (FROM/TO) _____

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SALARY _____

POSITION/RESPONSIBILITIES _____

REASON FOR LEAVING _____

EMPLOYER 3

NAME OF EMPLOYER _____ DATE EMPLOYED (FROM/TO) _____

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SALARY _____

POSITION/RESPONSIBILITIES _____

REASON FOR LEAVING _____

EMPLOYER 4

NAME OF EMPLOYER _____ DATE EMPLOYED (FROM/TO) _____

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SALARY _____

POSITION/RESPONSIBILITIES _____

REASON FOR LEAVING _____



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REFERENCES (Give below the names of three persons not related to you, whom you have known for at least one year.)

CONTACT 1

NAME _____ YEARS KNOWN _____
STREET _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____ RELATION _____

CONTACT 2

NAME _____ YEARS KNOWN _____
STREET _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____ RELATION _____

CONTACT 3

NAME _____ YEARS KNOWN _____
STREET _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____ RELATION _____

AVAILABILITY

SUN _____ MON _____ TUES _____ WED _____
THU _____ FRI _____ SAT _____

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 also 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."

SIGNATURE _____ DATE _____

INTERVIEWED BY _____ DATE _____