

**TOP NOTCH SALON**  
28570 Marguerite Parkway, Suite 101  
Mission Viejo, CA 92692  
Phone: (949) 364-1809 FAX: (949) 364-2703

**An Equal Opportunity Employer**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last

First

MI.

Address: \_\_\_\_\_

Street Address

Apartment/Unit#

City

State

Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ May we contact current Employer? \_\_\_\_\_

Position Desired: \_\_\_\_\_

Interested in: Full Time Part Time

Are you at least 18 years old? YES NO

Are you authorized to work in the United States? YES NO Can you provide proper documentation? YES NO

Have you ever worked for this company? YES NO If so, 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: \_\_\_\_\_

Hair \_\_\_\_\_

School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ TO: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Licensed: YES NO State: \_\_\_\_\_

**References**

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_