

Employment Application

Your Contact Information		
First Name		
Last Name		
Current Street Address		
City	State	Zip
Preferred Name or Nickname:		
Email Address		
Phone		
Cell Phone		

Job Position

Which position are you applying for?

Barber

Barber/Barbershop Manager

Date available for work

Days you can work

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Are you related to or friends with anyone employed at Flashback Yes

No

Barbershop?

If yes, name:

Were you referred for employment to

Yes

Flashback Barbershop?

No

If yes, by whom?

Legal Information

Have you been convicted of a felony?

Yes

No

If yes, please provide details including date, location, nature of offense and disposition. Note: Answering yes does not automatically disqualify you from employment.

Are you a United States citizen?

Yes

No

Education

Diploma or GED

Yes

No

Highest grade completed in high school.	9th 10th 11th 12th				
Name of high school (include city and state)					
Are you a licensed barber in Colorado?	Yes No				
If yes, license number					
Barber school attended (include city and state)					
Do you have any objection to our contacting your previous schools?	Yes No				
Additional job-related seminars, courses, workshops or other education experiences					
Please list any job- related clubs, professional societies, or other associations to which you belong					
Professional Reference	es (teachers, supervisors, co-workers, classmates)				
First Name					
Last Name					
Email Address					
Phone					
First Name					

Last Name

Phone						
Employment Experience (Start with current or most recent employer)						
Employer						
Address						
City		State	Zip			
Phone						
Name of supervisor						
Start date						
End date						
Job title						
Reason for leaving						
May we contact this employer?	Yes					
	No					
Employer						
Address						
City		State	Zip			
Phone						
Name of supervisor						
Start date						
End date						
Job title						

Email Address

May we contact this employer?	Yes No		
Employer			
Address			
City		State	Zip
Phone			
Name of supervisor			
Start date			
End date			
Job title			
Reason for leaving			
May we contact this employer?	Yes No		

Additional Information

Please provide and additional information you wish for us to know

Reason for leaving

Thank you for your interest in a job at Flashback Barbershop, LLC.

Please note that by filling out and submitting this employment application you are authorizing Flashback Barbershop, LLC to verify all information. False information will result in not being hired or termination of employment if the information is later determined to be false.