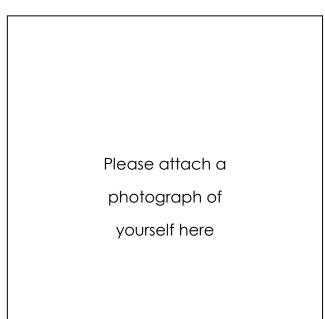


APPLICATION FOR EMPLOYMENT

STYLIST



PERSONAL INFORMATION

Surname	Place of Birth	
Forename(s)		
		Emergency Contact
City		
Postcode		
e-mail		
Date of Birth		

Are there any restrictions regarding your employment? Yes \Box No \Box

(e.g do you require a Work Permit)? If yes, please give details on a separate sheet.

EDUCATION AND QUALIFICATIONS

Date From and To	Name and Address of School/College	Subjects Taken	Exam Dates	Qualifications and Grades Achieved

Other Training (i.e. evening classes)

Hobbies and Interests

Do you hold a drivers licence?	Yes 🗆	No 🗆
Do you have any driving penalties?	Yes 🗆	No 🗆

EMPLOYMENT RECORD

Have you ever been asked to resign or been dismissed? If yes, please give details below

REFERENCES

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.

Name	Name
Position	Position
Address	Address
Postcode	Postcode
Phone	Phone
E-mail	E-mail

MEDICAL HISTORY

Have you ever had or suffered from?

Any serious illness	Yes 🗆	No 🗆
Major operation	Yes 🗆	No 🗆
Epileptic fits	Yes 🗆	No 🗆
Asthma	Yes 🗆	No 🗆
Bronchial disorders	Yes 🗆	No 🗆
Skin complaint	Yes 🗆	No 🗆

If you have answered yes to any of the above, please give details on a separate sheet.

EQUAL OPPORTUNITIES

It is our policy not to discriminate against any person because of their sex, race, disability or sexual orientation.

Please assist us in the monitoring of this policy by providing details below. The information provided will only be used for this purpose.

Please tick:

White	Male	
Mixed	Female	
Black	Transgender	
Indian		_
Pakistani	Registered Disabled	
Chinese	Registered Blind	
Japanese	Partially sighted	
Other	Deaf	

CRIMINAL CONVICTIONS

Do you have any criminal convictions?

Yes 🗆 No 🗆

If Yes please give details on a separate sheet, this should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974.

DECLARATION

The information supplied in this application form is accurate to the best of my knowledge.

Upon consideration for the position, I authorise investigation of all statements contained in this application form. I also authorise my previous employers, school or personal references to give any information regarding my employment, scholastic standing or any other information, personal or otherwise. I understand that misrepresentation or omission of facts and receipt of unsatisfactory reference will be sufficient cause for dismissal from the company's service if I have been employed.

Signature

Date

THANK YOU FOR COMPLETING THIS APPLICATION FORM PLEASE RETURN IT ALONG WITH A COPY OF YOUR PORTFOLIO TO

PAUL KNIGHTS HAIR SPA, 57 ABERFORD RD, OULTON, LEEDS, LS26 8JA

IF YOU DO NOT HAVE A PORTFOLIO, DON'T WORRY, PLEASE CREATE A MOOD BOARD THAT REPRESENTS YOUR STYLE AND PASSION FOR HAIR

FOR INTERNAL USE ONLY		
Invite to interview?		No 🗆
Offer position?		No 🗆
Interviewer		
Position		
Start Date		
Salary		
Additional Notes		