

Shear Delite Salon
17 Fowler Street
East Ellijay, Ga 30540
706-276-6828
sheardelite.ga@gmail.com

APPLICATION FOR EMPLOYMENT

Date _____

Name _____

Social Security # _____

First Middle Last

Current Address

Permanent Address

Current Phone _____ cell home

E-Mail Address

Position Desired _____ What are your dates of availability? _____

Date of Birth: ____/____/____ Please Circle: Male / Female

Do you possess a valid driver's license? Yes[] No[] Which state? _____

Driver's license # _____ Are you legally authorized to be employed in the USA? Yes[] No[]

Have you ever been convicted of a criminal offense? Yes[] No[] If yes, please explain

Education Information

Circle your present year in school: High School 3 4 College 1 2 3 Graduate 1 2 3

	School Name, City, and State	Course of Study/Major	Graduated	Degree Received
High School			Yes [] No []	
College			Yes [] No []	
Other			Yes [] No []	

Employment History

List all work experience beginning with your **current or most recent position.**

Company Name _____ Employed from _____ to _____

Address(Street, Address City, State,

Zip) _____

Name & Title of Immediate Supervisor _____

Telephone _____

Your Title _____ Reason for

leaving _____

Description of

Responsibilities _____

Company Name _____ Employed from _____ to _____

Address(Street, Address City, State,

Zip) _____

Name & Title of Immediate Supervisor_____

Telephone_____

Your Title _____ Reason for

leaving_____

Description of

Responsibilities_____

Company Name _____ Employed from_____ to _____

Address(Street, Address City, State,

Zip)_____

Name & Title of Immediate Supervisor_____

Telephone_____

Your Title _____ Reason for

leaving_____

Description of

Responsibilities_____

May we contact the employers listed above? If not, indicate the one(s) you do not wish us to contact.

Personal References

List three individuals able to give character references. You should include former employers or school administrators, but not your relatives. A reference form has been included with this application to make copies of. They may be returned separately by the individuals filling them out, but must be received by the Bryant Pond 4-H Camp in order to process this application.

Name_____ Work Phone_____ Home

Phone_____

Address (Street, City, State,

Zip)_____

Occupation_____ Relationship to Applicant
