

*After you complete this form,
Please Save this Document & E-mail
to - Smarcus@cosmeticcarcare.com

Application For Employment

We consider applicants for all positions without regards to age, race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sexual orientation or sex of any person or any other legally protected status pursuant to California's Fair Employment Practices and Housing Act, California Labor Code and other relevant federal, state, and local laws.

First Name Middle Initial Last Name

Address Number Street

City State Zip Code

Telephone Number(s) E-mail

Drivers License Number Issuing State SSN

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Position(s) Applied For Date

How did you learn about us?

- Advertisement Friend Walk-in Employment Agency
 Relative Other

The Fair Employment Practices and Housing Act prohibits discrimination on the basis of age with respect to individuals who are more than 40 years of age.

Have you ever filed an application with us before? Yes No If yes, give date

Have you ever been employed with us before? Yes No If yes, give date

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Have you ever filed a workers comp claim? Yes No

If new EXPLAIN

Have you ever been convicted of any violation including moving traffic violations? Yes No

On what date would you be available for work?

Are you available to work : Full Time Part Time On Call

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignment and volunteer activities.

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | |
|---------------------|-------------------------------|----------------------------|-------------------------------------|
| Employer | <input type="text"/> | Address | <input type="text"/> |
| Telephone Number(s) | <input type="text"/> | Job Title | <input type="text"/> |
| Supervisor | <input type="text"/> | Reason for Leaving | <input type="text"/> |
| Hourly Rate/Salary | Starting <input type="text"/> | Final <input type="text"/> | Dates Employed <input type="text"/> |
| Work Performed | <input type="text"/> | | |

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| Work Performed | <input type="text"/> | | |

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

Education

| | Name & Address | Course of Study | Years Completed | Diploma Degree |
|-------------------------|----------------------|----------------------|----------------------|----------------------|
| High School | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Undergraduate College | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Graduate / Professional | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Indicate any foreign languages you can speak, read, and/or write.

| | Fluent | Good | Fair |
|-------|----------------------|----------------------|----------------------|
| Speak | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Read | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Write | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Describe any specialized training, apprenticeship, skill and extra-curricular activities.

- Can you provide a copy of your DMV record? Yes No
- Do you have reliable transportation? Yes No
- Do you have current automobile insurance coverage? Yes No
- Do you have the ability to provide for your personal expense when traveling for the company? Yes No
- Rate your computer ability Excellent Good Fair None

We Are An Equal Opportunity Employer

***By submitting this application I certify that the answer given herein are true andn complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.***

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SIGNATURE _____ DATE _____

PRINT NAME _____