



5918 Stockton Blvd.
 Sacramento, CA 95824
 (916) 391-5050 Tel
 (888) 826-9130 Fax

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name:

_____ Last First Middle

Address:

_____ Street (Apt) City, State Zip

Alternate Address:

_____ Street City, State Zip

Contact Information:

() ()
 _____ Home Telephone Mobile Email

Social Security #

Driver's License #

State Issued

How did you learn about our company?

POSITION SOUGHT: _____

Available Start Date: _____

Desired Pay Range: _____
 By Hour or Salary

Are you currently employed? _____

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.



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PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

AUTHORIZATION : PLEASE READ CAREFULLY BEFORE YOU AFFIX YOUR SIGNATURE

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize SentryLink LLC an agent of King's Wigs & Beauty Supply to make a thorough check of my past Employment, Education, and activities. I release from liability of all persons, companies, and corporations supplying that information. I release and indemnify King's Wigs & Beauty Supply and SentryLink LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

SIGNATURE: _____ DATE OF BIRTH: _____ DATE : _____