



## Employment Application

1033 North Lincoln Street, Suite 100  
Wilmington, Delaware 19805  
303.762.5644  
www.thealexandermylessalon.com  
info@thealexandermylessalon.com

*An Equal Opportunity Employer*

POSITION APPLIED FOR	
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GENERAL INFORMATION		
Name ( last, first, middle initial )		
Street Address		City, State, Zip
Home Phone No.	Work Phone No.	Mobile Phone No.
Are you a United States citizen? Proof of authorization will be required.		
TRAINING AND EDUCATION		
Highest level completed.		
12    GED    SOME COLLEGE    COLLEGE    OTHER _____		
Beauty College or other Career related training	Major/Subject	Degree/Certificate
ADDITIONAL SKILLS Describe skills relevant to the job for which you are applying.		
SKILL	TYPE OF EXPERIENCE	LEVEL OF EXPERTISE

<b>EMPLOYMENT HISTORY</b>
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Beginning with your present or most recent employment history.
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Employer	Employed From:	To:
Address:		Supervisor
Phone	Hours worked/week	Starting salary
Position		Last salary
Primary duties		
Reason for leaving		
May we contact this employer?		

Employer	Employed From:	To:
Address:		Supervisor
Phone	Hours worked/week	Starting salary
Position		Last salary
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Phone	Hours worked/week	Starting salary
Position	Last salary	
Primary duties		
Reason for leaving		
May we contact this employer?		
<b>BACKGROUND INFORMATION</b>		
Do you have a valid Delaware State Professional license for the job in which you are applying for? Yes No Other _____		
Have you been convicted of a felony or served time in prison? Yes No If yes, please explain. _____ _____		
<b>How did you hear about the position in which you are applying for? (check one)</b>		
<input type="checkbox"/> Friend or relative <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Other _____		
<b>PROFESSIONAL REFERENCES</b>		
<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>

It is understood and agreed that the foregoing is true to the best of my knowledge, and that any falsification of this application will be grounds for elimination from further consideration or, if employed by Alexander Myles Salon & Spa, will be grounds for dismissal. I authorize Alexander Myles Salon & Spa to solicit information regarding my character, general reputation, previous employment, and background information, and to contact any and all references I have given on my application.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_