



JOB APPLICATION FORM

NAME: _____ SOCIAL SECURITY # _____

TEL 1: _____ TEL 2: _____

ADDRESS: _____

CITY _____ ZIP: _____

EMAIL: _____

ARE YOU AT LEAST 18 YEARS OLD?

YES _____ NO _____

ARE YOU AUTHORIZED TO WORK IN THIS COUNTRY?

YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR CRIME?

YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

ARE YOU LICENSED TO WORK AS A BARBER / STILYST IN THIS COUNTRY?

YES _____ NO _____

IF YES, LICENSE #: _____

YEARS OF EXPERIENCE IN THE INDUSTRY? _____

CURRENT JOB: _____

TIME IN THIS POSITION: _____

FORMER JOB: _____

TIME IN THIS POSITION: _____

☎ 1.800.750.0258

✉ info@thespotbarbershop.com
www.thespotbarbershop.com



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HOW YOU HEARD ABOUT US:

PROFESSIONAL REFERENCES:

NAME: _____ TEL: _____

NAME: _____ TEL: _____

PERSONAL REFERENCES:

NAME: _____ TEL: _____

NAME: _____ TEL: _____

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize THE SPOT CLASSIC BARBERSHOP LLC. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

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