

Shear Pointe, Inc
Shear Pointe Medical, PLC
Employment Application

Please complete this application thoroughly and legibly. Add additional sheets if more room is needed; complete the last 10 years of your background and work history.

Date: _____ Position: _____ Wage/Salary Requested: _____

How did you hear of the Position? _____

Personal Information:

Name: _____
Last Name First Name Middle Initial

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Education:

High School: _____
School Name City/State # of years attended Did you Graduate?

College/Trade: _____
School Name City/State # of years attended Did you Graduate?

Major or Concentration of Studies _____

Number of Years in Salon Business: _____

Certification/Licenses – year earned:

Professional References:

Name	Phone	Length of Time known	Association
Name	Phone	Length of Time known	Association
Name	Phone	Length of Time known	Association

Employment History: (list most recent first)

Employer Name	City/State	Start date	End Date
Name of Supervisor	Phone Number	Reason for Leaving	
Duties		Hourly Wage:	
_____		_____	

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Name of Supervisor	Phone Number	Reason for Leaving	
Duties		Hourly Wage:	
_____		_____	

Employer Name	City/State	Start date	End Date
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Duties		Hourly Wage:	
_____		_____	

SHEAR POINTE, INC and SHEAR POINTE MEDICAL, PLC is an At-Will Employer. All employment with SHEAR POINTE is "at will" in that employment can be terminated with or without cause, and with or without notice, at any time, at the option of either SHEAR POINTE or yourself, except as otherwise provided by law.

SHEAR POINTE, INC and SHEAR POINTE MEDICAL, PLC is committed to the fair and equitable treatment of all applicants as stated in the Civil Rights Act of 1964, which prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals.

I certify that the facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on the application shall be considered sufficient for dismissal. You are hereby authorized to make any inquiries of my personal history in establishing my credibility for employment. This includes personal interviews with past employers and references as to my personal character, general reputation and work history.

Applicant Name (please print)

Date

Applicant Signature