



EMPLOYMENT APPLICATION
(855) 558-8241 OFFICE
KLUTCHCOSMETICS@GMAIL.COM

PRINT TITLE OF POSITION APPLYING FOR: _____

Klutch Comestic is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, national origin, citizenship, age, disability or any other legally protected classification. We assure you that your opportunity for employment with Klutch Cosmetics depends solely on your qualifications.

INSTRUCTIONS: This application is part of the selection process. Print all answers accurately and legibly in dark ink or type. If you need additional space, please attach extra sheets. Please provide **ALL** information requested.

1. NAME (Last, First, Middle)

2. SOCIAL SECURITY NUMBER

3. ADDRESS (Number, Street, City, State, Zip Code)

4. TELEPHONE NUMBER(S)

Home Cellphone

5. ARE YOU 18 YEARS OR OLDER? YES NO

6. DO YOU POSSES A VALID LOUISIANA DRIVER'S LICENSE?

YES NO DRIVER'S LICENSE No. _____

EDUCATION

a. CIRCLE HIGHEST LEVEL COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Over 16

b.. LIST ALL TRAINING COMPLETED WHICH YOU FEEL IS RELEVANT TO THIS POSITION:

AN AFFIRMATIVE ACTION – EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY: Starting with your most recent position, list all employment including volunteer work. Although we welcome your resume, it cannot substitute for completion of this section. Add additional sheets if necessary.

NAME OF PRESENT OR LAST EMPLOYER		ADDRESS		YOUR TITLE
Month From:	Year	Month To:	Year	DUTIES:
Salary:	Starting	Final or Present		
SUPERVISOR'S NAME, TITLE, AND TELEPHONE				
Hours Worked Per Week:		Reason for Leaving: _____		
NAME OF PRESENT OR LAST EMPLOYER		ADDRESS		YOUR TITLE
Month From:	Year	Month To:	Year	DUTIES:
Salary:	Starting	Final or Present		
SUPERVISOR'S NAME, TITLE, AND TELEPHONE				
Hours Worked Per Week:		Reason for Leaving: _____		
NAME OF PRESENT OR LAST EMPLOYER		ADDRESS		YOUR TITLE
Month From:	Year	Month To:	Year	DUTIES:
Salary:	Starting	Final or Present		
SUPERVISOR'S NAME, TITLE, AND TELEPHONE				
Hours Worked Per Week:		Reason for Leaving: _____		
NAME OF PRESENT OR LAST EMPLOYER		ADDRESS		YOUR TITLE
Month From:	Year	Month To:	Year	DUTIES:
Salary:	Starting	Final or Present		
SUPERVISOR'S NAME, TITLE, AND TELEPHONE				
Hours Worked Per Week:		Reason for Leaving: _____		
NAME OF PRESENT OR LAST EMPLOYER		ADDRESS		YOUR TITLE
Month From:	Year	Month To:	Year	DUTIES:
Salary:	Starting	Final or Present		
SUPERVISOR'S NAME, TITLE, AND TELEPHONE				
Hours Worked Per Week:		Reason for Leaving: _____		

SUPERVISOR'S NAME, TITLE, AND TELEPHONE			
Hours Worked Per Week:		Reason for Leaving: _____	
NAME OF PRESENT OR LAST EMPLOYER		ADDRESS	YOUR TITLE
Month From:	Year	Month To:	Year
DUTIES:			
Salary:	Starting	Final or Present	
SUPERVISOR'S NAME, TITLE, AND TELEPHONE			
Hours Worked Per Week:		Reason for Leaving: _____	

May we contact all supervisors listed? YES NO

Indicate exceptions: _____

I certify that all statements are true to the best of my knowledge and I agree and understand that any misstatements or omissions of material facts on my part may forfeit my right to employment, even if discovered after I have become an employee of Klutch Cosmetics. I agree to accept any assignment that is not in violation of pertinent rules or policy regarding hours of work and location as directed by management.

Signature: _____ Date: _____