



324 Columbus Ave, New York, NY 10023  
T: (212) 873-5255 • T: (212) 580-4657  
www.msalonnyc.com • msalonstyle@gmail.com

### CONTACT INFO

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

eMail: \_\_\_\_\_

Do you have a NY Cosmetology license?  Yes  No

Cosmetology License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Name of beauty school attended: \_\_\_\_\_

Please list any other training /experience: \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

Have you ever been convicted or pleaded guilty to any criminal offense?  Yes  No

If yes, please give details: \_\_\_\_\_

Have you served in the US military?  Yes  No

Did you receive a dishonorable discharge?  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Present Employer:

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Please list previous employers (most current first) \_\_\_\_\_

Referral source: Friend / Relative

Please read carefully. I declare that the information contained in this application for employment is true and complete. I understand that the employment for which I am applying may be terminated at any time with or without cause, and with or without notice, by Msalon.

I authorize the educational establishments and employers referenced in this application as well as all other references contacted by Msalon to release Msalon any information concerning my education record, my employment, or any other information relevant to my employment. I hear by release all such persons and entities from any liability arising

Signature: \_\_\_\_\_