

DATE _____

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: All applications for employment must be written in ink on this form and in applicant's own handwriting. Every applicant is urged to consider carefully and to understand fully each question and statement before answering. Please complete this application in its entirety. It is the only way we can evaluate your qualifications. You may include additional pages if you so desire. Please do not use a typewriter.

NAME (LAST)	(FIRST)	(MIDDLE)	POSITION APPLIED FOR	MINIMUM ACCEPTABLE STARTING WAGE \$ _____ HOUR \$ _____ WEEK \$ _____ MONTH
STREET ADDRESS			HOME TELEPHONE ()	BUSINESS TELEPHONE ()
CITY		STATE	ZIP CODE	
SOCIAL SECURITY NUMBER — — —				

WITH THE EXCEPTION OF MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF A CRIME OR CRIMES?

IF YES, EXPLAIN _____

YES NO

IF YES, A CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT.

CAN YOU, AFTER HIRING, PROVIDE PROOF THAT YOU HAVE THE LEGAL RIGHT TO REMAIN AND WORK IN THIS COUNTRY?

YES NO

LIST OTHER NAMES UNDER WHICH YOU MAY BE KNOWN BY EMPLOYERS OR SCHOOLS.

LIST THE NAMES OF ALL EMPLOYEES OF THIS STUDIO WHOM YOU KNOW.

HAVE YOU PREVIOUSLY BEEN IN THE EMPLOY OF THIS STUDIO OR ANY OTHER MERLE NORMAN STUDIO?

YES NO

IF YES, DATES _____ LOCATIONS _____

HAVE YOU ANY RELATIVES IN THE EMPLOY OF THIS STUDIO OR ANY OTHER MERLE NORMAN STUDIO?

YES NO

IF YES, LIST NAME AND RELATIONSHIP.

HOW WERE YOU REFERRED TO THIS COMPANY?

AGENCY FRIEND RELATIVE NEWSPAPER BY AN EMPLOYEE OTHER _____

WHEN MAY WE CONTACT YOUR PRESENT EMPLOYER?

LIST AT LEAST THREE REFERENCES, TWO OF WHOM ARE FAMILIAR WITH YOUR WORK RECORD.

NAME	BUSINESS OR RESIDENCE ADDRESS	TELEPHONE	TYPE
		()	BUSINESS
		()	RESIDENCE
		()	BUSINESS
		()	RESIDENCE
		()	BUSINESS
		()	RESIDENCE
		()	BUSINESS
		()	RESIDENCE
		()	BUSINESS
		()	RESIDENCE

PLEASE STATE THE REASONS YOU BELIEVE QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING.

GIVE BRIEF EXPLANATION OF DUTIES.

	BEGINNING SALARY	REASON FOR LEAVING OR FOR CONSIDERING CHANGE _____ _____
	ENDING SALARY	
	BEGINNING SALARY	<input type="checkbox"/> RESIGNED <input type="checkbox"/> LAY-OFF <input type="checkbox"/> DISCHARGED WHY? _____ _____
	ENDING SALARY	
	BEGINNING SALARY	<input type="checkbox"/> RESIGNED <input type="checkbox"/> LAY-OFF <input type="checkbox"/> DISCHARGED WHY? _____ _____
	ENDING SALARY	
	BEGINNING SALARY	<input type="checkbox"/> RESIGNED <input type="checkbox"/> LAY-OFF <input type="checkbox"/> DISCHARGED WHY? _____ _____
	ENDING SALARY	

EXPLAIN THE EXTENT AND PARTICULARS OF YOUR EDUCATION. IF YOU ARE A COLLEGE GRADUATE, SHOW MAJOR AND MINOR COURSES.

TYPE OF SCHOOL	NAME OF SCHOOL AND LOCATION	MAJOR FIELD OF STUDY	YEARS COMPLETED	DEGREE GRANTED	SCHOLASTIC STANDING	
					GPA	OUT OF POSSIBLE
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
GRADUATE SCHOOL						
BUSINESS, TRADE OR OTHER SCHOOLS						

% OF COLLEGE EXPENSES
EARNED ____ PARENTS ____ SCHOLARSHIP ____

APPROXIMATE NUMBER OF HOURS PER WEEK
WORKED DURING SCHOOL YEARS _____

LIST OTHER EDUCATION, COSMETIC OR SALES TRAINING.

GIVE CONSECUTIVE RECORD OF PRESENT AND PAST EMPLOYMENT. LIST MOST RECENT FIRST. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT.

EMPLOYING FIRM	YOUR POSITION	DATE EMPLOYED (MONTH/YEAR)
ADDRESS	SUPERVISOR'S NAME	
	SUPERVISOR'S TELEPHONE NUMBER	DATE TERMINATED (MONTH/YEAR)
EMPLOYING FIRM	YOUR POSITION	DATE EMPLOYED (MONTH/YEAR)
ADDRESS	SUPERVISOR'S NAME	
	SUPERVISOR'S TELEPHONE NUMBER	DATE TERMINATED (MONTH/YEAR)
EMPLOYING FIRM	YOUR POSITION	DATE EMPLOYED (MONTH/YEAR)
ADDRESS	SUPERVISOR'S NAME	
	SUPERVISOR'S TELEPHONE NUMBER	DATE TERMINATED (MONTH/YEAR)
EMPLOYING FIRM	YOUR POSITION	DATE EMPLOYED (MONTH/YEAR)
ADDRESS	SUPERVISOR'S NAME	
	SUPERVISOR'S TELEPHONE NUMBER	DATE TERMINATED (MONTH/YEAR)

WORK RESTRICTIONS

DO YOU HAVE ANY OBLIGATIONS WHICH WOULD PREVENT YOU FROM:

- 1. WORKING OVERTIME YES NO
- 2. WORKING EVENING HOURS YES NO
- 3. SPLIT SHIFTS YES NO
- 4. WORKING WEEKENDS YES NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN:

CERTIFICATION:

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ANSWERS AND STATEMENTS GIVEN ARE CORRECT.

I AUTHORIZE ALL MY FORMER EMPLOYERS, SCHOOLS AND REFERENCES TO GIVE ANY INFORMATION THEY MAY HAVE REGARDING ME WHETHER OR NOT IT IS ON THEIR RECORDS.

IF UPON INVESTIGATION ANYTHING CONTAINED IN THIS APPLICATION IS FOUND TO BE UNTRUE, I UNDERSTAND THAT I MAY NOT BE HIRED OR MY EMPLOYMENT MAY BE TERMINATED.

I UNDERSTAND THAT THE WEARING OF MERLE NORMAN COSMETICS IS A CONDITION OF EMPLOYMENT.

I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THIS STUDIO OR MYSELF.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE _____

SIGNATURE _____

INTERVIEW DATE	REMARKS (e.g., strong candidate/weak candidate)