



3601 E. Princess Anne Rd, Norfolk, VA 23502  
Tel 757.455.8989 / Fax 757.455.8987

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK. ANSWER ALL QUESTIONS.

**PERSONAL INFORMATION**

NAME (Last, First, Middle) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*Number/Street City State Zip Code*

HOME PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_

FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ TEMPORARY \_\_\_\_\_

LICENSE INFO (If Applicable) \_\_\_\_\_  
*Number Type State Issued*

HAVE YOU WORKED FOR INFLUANCE HAIR CARE BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE A CERTIFICATE OF AGE OR EMPLOYMENT (IF UNDER AGE 18)? YES \_\_\_\_\_ NO \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL  
NAME \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_

COLLEGE  
NAME \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_

MAJOR \_\_\_\_\_ DEGREE \_\_\_\_\_

TRADE, BUSINESS, OTHER  
NAME \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_

MAJOR \_\_\_\_\_ DEGREE/CERTIFICATION \_\_\_\_\_

**SKILLS**

SPECIAL SKILLS AND QUALIFICATIONS (LIST JOB-RELATED LICENSES, SKILLS, TRAINING, HONORS, AWARDS, AND SPECIAL ACCOMPLISHMENTS) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**EMPLOYMENT HISTORY** (START WITH PRESENT OR LAST POSITION)

EMPLOYER \_\_\_\_\_  
ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
DUTIES \_\_\_\_\_  
SALARY (START) \_\_\_\_\_ (END) \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
DUTIES \_\_\_\_\_  
SALARY (START) \_\_\_\_\_ (END) \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
DUTIES \_\_\_\_\_  
SALARY (START) \_\_\_\_\_ (END) \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_  
PLEASE ATTACH RESUME/PORTFOLIO (YOU MAY ALSO EMAIL TO SALES@INFLUANCEHAIRCARE.COM)

**REFERENCES**

- 1. NAME \_\_\_\_\_  
TITLE \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_
- 2. NAME \_\_\_\_\_  
TITLE \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_
- 3. NAME \_\_\_\_\_  
TITLE \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING THAT ANY FALSE INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR DISMISSAL OF MY APPLICATION.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_