



Employee Application Form

This information is private and confidential

Please provide the information required in the blanks. You can print the page and bring it to our location or You can print out the form, filled the blanks and take a clear picture, then email back to us.

Today's Date: _____

Applicant's Name: _____

Home Address: _____

City: _____

State: _____

Zip Code: _____

Current or Previous Name of latest Workplace: _____

Work Address: _____

Beautician license: (yes or no) _____

Position or Tittle: _____

Home Number: _____

Cell Number: _____

Email Address: _____

Tel: 201-798-0455

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