



Please Print clearly in ink, and provide all requested information. Resumes will not be accepted in lieu of completion of the application.

**APPLICANT INFORMATION**

Last Name		First	Middle	Date
Current Address Street & Number				
City		State	ZIP	
Phone		E-mail Address		
Position Applying for		Social Security No.		Hourly/Salary Requirement
Shift Preference		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Location you are Applying for:
Have you ever worked for Rayz Barber Shop Before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Please Provide dates:
Were you referred for employment to Rayz?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, By whom?
If hired, can you lift at least 50 lbs. If the job requires it?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, handicap, marital status, or any other legally protected status.

**EDUCATION**

Circle Highest Grade Completed: **High School** 9 10 11 12 **College**

High School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

DIPLOMA OR GED: YES  NO

**COLLEGE (LIST ALL WHETHER OR NOT DEGREE OR LICENSE WAS OBTAINED)**

NAME	LOCATION	MAJOR FIELD OF STUDY	DEGREE OR LICENSE

Do you have any objection to our contacting your previous schools? YES  NO

Additional job-related seminars, courses, workshops or other education experiences: \_\_\_\_\_  
\_\_\_\_\_

Please list any job-related clubs, professional societies, or other associations to which you belong: \_\_\_\_\_  
\_\_\_\_\_

Languages you speak, read and write fluently: \_\_\_\_\_



When did you acquire your first license? \_\_\_\_\_

When did you begin cutting hair in a barbershop and where? \_\_\_\_\_

What specific experiences do you have regarding shaving? \_\_\_\_\_

\_\_\_\_\_

When did you begin shaving professionally and where? \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Employer	Phone ( )	
Address	Supervisor	
Phone Number	\$	Ending Salary \$
Job Title	Supervisor	
Reason for leaving		
Dates Employed	From	To
Hourly Rate/Salary: Starting _____ Final _____		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

**EMPLOYMENT EXPERIENCE**

Employer	Phone ( )	
Address	Supervisor	
Phone Number	\$	Ending Salary \$
Job Title	Supervisor	
Reason for leaving		
Dates Employed	From	To
Hourly Rate/Salary: Starting _____ Final _____		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

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Employer	Phone ( )	
Address	Supervisor	
Phone Number	\$	Ending Salary \$
Job Title	Supervisor	
Reason for leaving		
Dates Employed	From	To
Hourly Rate/Salary: Starting _____ Final _____		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		



**PERSONAL REFERENCES**

Please Provide complete names and phone numbers (including area code) that can be contacted Monday-Friday 8:00am-5:00pm. Professional references are preferred **(including teachers, supervisors, co-workers, and classmates.)**  
**(Persons listed cannot be relatives, this includes in-laws.)**

Name	Job Title	Relationship	Phone

**DISCLAIMER AND SIGNATURE**

**Read Carefully Before Signing:** I certify that the statements and information furnished by me in this application are true and correct. I understand that omitted, false or misstated statements on this application are grounds for refusal to hire, or dismissal, at any time the Company becomes aware of the omitted, falsified, or misstated information. In consideration of my employment, I agree to conform to the rules and regulations of your company. And acknowledge that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the Company or myself. I further understand that no policy, benefit, or procedure contained in any employee handbook creates an employment contract for any period of time. In addition, no term or conditions of employment contrary to the foregoing should be relied upon, except for those made in writing by the CEO of the Company. I further acknowledge that the employer reserves the right to charge the terms and conditions of employment, including the employee job duties, working hours, and employment policies at any time.

I agree and hereby authorize Rayz Barbershop to conduct an investigation of all statements contained in this application, and any company form completed by me for employment as may be necessary in arriving at an employment decision. I authorize all previous employers or other persons who have knowledge of my records, to release such information to Rayz Barbershop, their agents, or me.

I understand that I will be required to complete the Immigration/Naturalization Service Form I-9 and will show supporting documentation.

**My signature certifies that I have read and agree with the above statements.**

Signature

Date

**Thank you for completing this application form and for your interest in**  
**Rayz Barbershop!**  
**E-mail to [chriso@rayzbs.com](mailto:chriso@rayzbs.com)**