



Application Form

POSITION APPLIED FOR: Stylist / Assistant / Beauty Therapist F/T P/T (Mark as required)

NAME:

DOB:

ADDRESS:

TELEPHONE:

MOBILE:

EMAIL:

EDUCATION: (Please give brief overview of education & qualifications)

QUALIFICATIONS:

WORK EXPERIENCE: (Please give overview of relevant work experience and reason for leaving)

PERSONAL QUALITIES: (Please state your outstanding qualities that you can bring to our salon and why you would like to work at La Vida Hair & Beauty)

PERSONAL INFORMATION: (This information is treated with the strictest of confidence)

DO YOU HAVE ANY MEDICAL DISORDERS OR HISTORY OF ILLNESS: Yes / No

If yes, please give brief description:

DO YOU HAVE A CRIMINAL RECORD: Yes / No

If yes please give brief description:

WILL YOU REQUIRE ASSISTANCE WITH ANY TASK ASKED OF YOU Yes / No

If yes please give brief description:

I can confirm that all the above information is up to date and correct.

Signed:

Date:

Thank you for taking the time to fill in this application form. All information will be treated with the strictest of confidence.

Please address all applications to Miss Zoe A. Stapp – Salon Director

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