

Jeffrey Robert Salon & Spa		Date	
Name			
Address			
City		State	Zip
Phone Home		Mobile	
Email			

Educational Background (highest grade completed)				
High School	9	10	11	12
College	1	2	3	4

Professional / Technical School
Do you have a Massachusetts State Board of Cosmetology / Nail Tech / Esthetics / Massage License?
If No please explain:
If Yes, Available start date:

Do you Have a legal right to be employed in the United States?

Name of employer		Ok to contact?	
Address			
City		State	Zip
Phone number			
Name of Last supervisor			
Employment dates From		To	Pay or Salary Start
			Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
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