



Brow Bella Application For Employment

We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered.

Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted of a Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have experience in sales? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have experience in customer service? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have reliable transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a currently licensed Esthetician in MN? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have your Advanced Practice license? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a certified Lash Artist? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you Classic or Volume trained? Years of experience?		
What are your Social Media handles? App(s): _____ @		What are some of your favorite hobbies outside of work?		

Position

Position You Are Applying For	Available Start Date
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Employment Desired

Full Time Part Time Seasonal/Temporary

Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	