



Salon Assistant Application

Please follow these instructions for submitting an application:

1. Click on the desired fields and fill out this form using Adobe Acrobat Reader.
2. Save your filled application with your first initial, full last name and the word Application (e.g., Jane Doe would be JDoeApplication.pdf)
3. E-mail the newly created PDF to john@xenasbeautycompany.com

Name

Today's Date

Address

City and State

Phone

Email

High School

1.
Name of Institution
From / Thru /
Enrollment: Month/Year

City and State
Completed Program: Yes No
Degree or Certificate

Additional Education

1.
Name of Institution
From / Thru /
Enrollment: Month/Year

City and State
Completed Program: Yes No
Degree or Certificate

2.
Name of Institution
From / Thru /
Enrollment: Month/Year

City and State
Completed Program: Yes No
Degree or Certificate

3.
Name of Institution
From / Thru /
Enrollment: Month/Year

City and State
Completed Program: Yes No
Degree or Certificate

Employment History

1.
Employer
Your Title

City and State
Employed From / Thru /

2.
Employer
Your Title

City and State
Employed From / Thru /

3.
Employer
Your Title

City and State
Employed From / Thru /