



# 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 /