



Divine Beauty Supply  
PO Box 7263  
Atlanta, GA 30357  
(404) 478-6842 FAX  
divinebeautysupply@gmail.com

**DIVINE BEAUTY SUPPLY EMPLOYMENT APPLICATION**

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
City State Zip Code

Position Desired \_\_\_\_\_ Expected Pay \_\_\_\_\_ Date Available \_\_\_\_\_

Desired Work Days/Shifts \_\_\_\_\_

**Education**

High School \_\_\_\_\_  
Name City State

College/University \_\_\_\_\_  
Name State Degree Date

Major \_\_\_\_\_ Minor \_\_\_\_\_

College/University \_\_\_\_\_  
Name State Degree Date

Major \_\_\_\_\_ Minor \_\_\_\_\_

If hired, are you able to provide verification of your legal right to work in the United States?  
 Yes No

Have you ever had a criminal conviction, plead guilty or no contest to a crime?  
 Yes No

*Each applicant will be subject to a criminal background check.*

Are you available for full-time work (32 hours or more)?  
 Yes No

Have you ever been released from a contract, resigned to avoid termination or disciplinary action, suspended, or placed on leave with or without pay?  
 Yes No

If you answered “yes” to any of these questions, explain in an attached letter.

**Job History/Applicable Experience**

|                           |  |
|---------------------------|--|
| <b>Company Name</b>       | Telephone                                |
| Address                   | Employed (Month & Year)<br>From:<br>To:  |
| Name of Supervisor        | Hourly Rate/Weekly Salary<br>Start: End: |
| Job Title and Description | Reason for Leaving                       |

|                           |  |
|---------------------------|--|
| <b>Company Name</b>       | Telephone                                |
| Address                   | Employed (Month & Year)<br>From:<br>To:  |
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|                           |  |
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| <b>Company Name</b>       | Telephone                                |
| Address                   | Employed (Month & Year)<br>From:<br>To:  |
| Name of Supervisor        | Hourly Rate/Weekly Salary<br>Start: End: |
| Job Title and Description | Reason for Leaving                       |

**We may contact your above employers unless specified below:**

**Employer:**

**Reason:**

References  
(Please do not include relatives)

|  |              |
|--|--------------|
| Name                                   | Phone Number |
| Professional or Personal Acquaintance? |              |

|  |              |
|--|--------------|
| Name                                   | Phone Number |
| Professional or Personal Acquaintance? |              |

|  |              |
|--|--------------|
| Name                                   | Phone Number |
| Professional or Personal Acquaintance? |              |

**State any additional information you feel may be helpful to us in considering your application.**

I authorize Divine Beauty Supply to make such investigations and inquiries of my personal employment and other matters as deemed necessary in arriving at an employment decision. I hereby release persons giving information of past employment experiences from all liability in responding to inquiries in connection with my application. This is to include any request for personnel files from past employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge. In accordance with Georgia Law, Divine Beauty Supply may conduct a criminal background check (including taking my fingerprints), and I hereby waive my rights to further written notice of such. I also agree to pay the entire cost of fingerprinting and background check.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date