

Application for employment

Thank you for considering Shine Beauty as your future employer.

We provide a rewarding and professional environment to work in, above award wages and up to date training. The following questions have been set out so we can gain an understanding of your personality and recent work history, please fill them out to the best of your knowledge.

If you feel a question is intrusive or too personal, please feel free to not complete the question.

A. YOUR DETAILS				
Name:				
Address:				
Phone:				
D/O/B:				
B. POSITION APPLYING FOR				
Please tick:				
Retail Trainee Beauty Therapist Salon Manager Head Office Administration				
C. QUALIFICATIONS (Please describe what qualifications you have gained relating to the position sought):				

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D. EMPLOYMENT HISTORY (Please list your last two positions)				
1.	Period of emplo	loyment:		
	Employer:			
	Position held:			
	Reason for leav	ıving:		
2.	Period of emplo	loyment:		
	Employer:			
	Position held:			
	Reason for leav	iving:		
 E. APPLICANTS AGREEMENT 1. The information that I have provided is accurate to the best of my knowledge. 2. I understand and agree that any misrepresentation of a fact in the application form may be justification for refusal or 				
		nination from employment.		
_	FFICE USE ON			
	lon name:	1161		
Position sought:				
	anager's Name:			
P1				
Q1	:			
01	:			



Shine Beauty Head Office

Location: 4/9 Bulcock Street, Caloundra QLD 4551 Postal: PO Box 1546, Caloundra QLD 4551 Phone 07 5491 7749 Fax: 07 5438 9088

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