



Employment Application

2140 Whittier Drive, Suite D
Frederick, MD 21702
(301) 418-6170
<https://www.cknailsfrederick.com>

First Name Middle Last Name

Address City State Zip

Home Telephone Alternate Telephone Email

Less than 18 years old More than 18 years old
____/____/____ Birth Date _____-____-____ Social Security Number

POSITION and AVAILABILITY

Have you applied for a position with CK Nails! before? Yes

No If yes, date of last application: _____

Position applied for: _____

Have you worked at Nailed! before? Yes No

If yes, date from: _____ date to: _____

Position applying for: Nail Technician
 Esthetician
 Receptionist
 Other: _____

Date you are available to start: _____

Status desired: Full-Time
 Part-Time
 Temporary

Can you work days? Yes No

Which days? Any day Mo Tu Wed Th Fr Sa Su

Time of day:

Can you work evenings/nights? Yes No

Which evenings/nights? Any night Mo Tu Wed Th Fr Sa Su

Time of night:

Can you work Saturday's? Yes No

Will you accept work that requires you to work some holidays? Yes No

EDUCATION

Name of High School

Location

Completed? Yes No

Name of University or College or Trade #1

Location

Completed? Yes No Major & Minor:

Degree/Diploma or Certification:

Name of University or College or Trade #2

Location

Completed? Yes No Major & Minor:

Degree/Diploma or Certification:

REFERENCES (Name & Number)

EMPLOYMENT HISTORY

List positions in order starting with your present or most recent job

Current or Most Recent:

Name of Employer

Location

Job Title

Full-Time Part-Time

Pay Rate:

Supervisors Name and Title

Telephone Number May we call? Yes No

Reason for Leaving

Second Most Recent:

Name of Employer

Location

Job Title

Full-Time Part-Time

Pay Rate:

Supervisors Name and Title

Telephone Number May we call? Yes No

Reason for Leaving

Do you smoke or use tobacco in another form? Yes No

After being hired, can you submit verification of your identity and legal right to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No Note: a conviction does not necessarily disqualify you from employment; however, falsification of this information will disqualify you from employment.

If yes, please explain:

Are you known by another name? Yes No If yes, print name:

How were you referred to Nailed?

PROFESSIONAL LICENSES

Please list professional licenses held and professional association memberships and levels

License #1

Professional license/association:

Date of Issue: ___/___/___ Date of expiration: ___/___/___

State of Issue: _____ License Number:

Description/Comment:

License #2






Professional license/association:

Date of Issue: ___/___/___ Date of expiration: ___/___/___

State of Issue: _____ License Number:

Description/Comment:

Please:

-  Make sure current and previous employer information is complete with phone numbers, supervisor's name, address and dates of employment.
-  If you have a resume, please do not reference it on the application.
-  After you submit an application, it will be screened for qualifications. If Nailed! Wishes to pursue your application, you will be contacted by phone within two weeks.
-  If you qualify for the position you applied for, you will be contacted by telephone and will then continue through our application process.
-  If you are offered a position, a check of references and background will be conducted.

Thank you for your interest in applying with CK

Nails!