

Ralph Crook Hairdressing

Date of Application _____ Position applied for _____

Full Name _____

Address _____

Contact Telephone Number: _____ Email: _____

Date of Birth: _____ Marital Status: _____

(PLEASE INCLUDE A PASSPORT PHOTOGRAPH OF YOURSELF IF POSSIBLE)

All Hairdressing Qualifications

Work Experience (Most recent first)

Have you consulted a doctor for treatment within the past two years? Yes No

If Yes, please give details _____

Have you ever been convicted of any offence in a court of law? Yes No

If Yes, please give details _____

What are your leisure interests? _____

Why do you want to work at Ralph Crook Hair? _____

When can you start work? _____

Please give two business and personal referees _____

Declaration I, the undersigned, declare that this is a true and complete statement

Signature _____ **Date** _____

Please return your completed application for to:
Ralph Crook Hair, 101-103 Castle Street, Inverness. Tel: 01463 224485 Email: info@ralphcrook.co.uk