



## JAMES JOSEPH EXPERIENCE APPLICATION FORM

WE ARE LOOKING FOR STYLISTS, COLORISTS, ESTHETICIANS, AND NAIL TECHS WHO WISH TO BE PART OF A POWERFUL TEAM. TELL US ABOUT YOURSELF.

NB. THIS INFORMATION WILL BE CONFIDENTIAL, AND WILL NOT BE RELEASED IN ANY MANNER.

Please fill in all fields marked with a \*

First Name \_\_\_\_\_ \*

Last Name \_\_\_\_\_ \*

Email address \_\_\_\_\_ \*

State of  
Residence \_\_\_\_\_ \*

What are your strong points?  
(cutting, color, long hair, short hair, nails, facials) \_\_\_\_\_

How many years have you been a stylist, nail tech, esthetician?  
\_\_\_\_\_ Student \_\_\_\_\_ 1 year \_\_\_\_\_ 1-3 years \_\_\_\_\_ 3-5 years \_\_\_\_\_ >5 years

Where were you trained? \_\_\_\_\_

When were you trained? \_\_\_\_\_

Do you have advanced training? \_\_\_ Yes \_\_\_ No

Where and when did you receive that training? \_\_\_\_\_

What are your  
career goals? \_\_\_\_\_

On what color product/  
system are you trained? \* \_\_\_\_\_

In which state (s)  
are you currently licensed? \_\_\_\_\_