PASQUALE
HAIR MAKEOVER EXPERTS

PASQUALE HAIRSTYLISTS

APPLICATION FOR EMPLOYMENT AS A SALON LEARNER

Complete the document below, attach your ID and your latest school report, and then email to pasquale@mweb.co.za.

We will contact you to make an appointment for an interview.

You will be an excellent **Pasquale Trained Stylist** on completion of your course.

There is **NO** payment to Pasquale.

Learner must arrange and pay 1day per week, part time at one of the academies below . Contact them regarding easy payment

plans for a part time course.

<u>**Suggested Academies**</u>
Complete School of Hairdressing – Springs – Contact Lindie – 072 502 2808
Sillage Academy – Benoni – Contact Lynn - 083 268 7997

1   <u>APPLICANTS PERSONAL DETAILS</u>

1.1   First Name _____

         Middle Name _____

         Last Name _____

1.2   Birth Date – DDMMYY _____

1.4   ID Number _____

1.5   Cell Phone Number Learner_____Parent _____

1.6   Home Language _____

1.7   Gender _____

1.8   Citizen Resident Status: South African / Other / Dual(SA +Other)_____
         COPY OF IDENTITY DOCUMENT and/or PASSPORT TO ACCOMPANY THE APPLICATION

2   <u>APPLICANT MEDICAL HISTORY</u>

2.1   Disability Status: Hearing (even with hearing aid), Communication, Physical, Emotional, Multiple, Disabled, None

         _____

2.2   Are you currently taking any form of medication? If yes, state which

         _____

3   APPLICANT EMPLOYMENT HISTORY/STATUS

Previous Employment: State reasons for leaving all previous employment.

COPIES OF LETTERS of REFERENCES TO ACCOMPANY THE APPLICATION

4   APPLICANT CONTACT DETAILS

Home Address _____

Postal Code _____

E-mail Address – Learner _____

E-mail Address – Parent _____

5   APPLICANT EDUCATIONAL BACKGROUND

5.1   Highest School Qualification.

5.2   Highest Tertiary Qualification.

COPIES OF CERTIFICATES VERIFYING THE ABOVE TO ACCOMPANY THIS APPLICATION

5.3   Have you previously undertaken an apprenticeship / learnership?

When_____Where_____

 Reason for leaving _____

The Learner earns an apprentice salary for duration of the three year course.

7   ACCEPTANCE

I the undersigned acknowledge that the above information is understood and accurate.

Learner _____

Parent / Guardian _____

Date _____