

# MAURICEMEADE

www.mauricemeade.com.au

## TRAINEE APPLICATION FORM

Date: ...../...../.....

Name: ..... Phone Number: (.....).....

Address: .....

Date of Birth: ...../...../..... Email Address: .....

If employed - how would you travel to work?

Own car ..... Public transport ..... Walk ..... .. Other .....

What are your hobbies?

.....

Do you have any out of work commitments?

.....

Why would you like to join the Hairdressing industry?

.....

.....

Do you have any health problems that could prevent you standing for long periods of time?

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.....

Name of last school attended: ..... Level reached: .....

If you have been employed before please complete the following details for your most recent employer...

Name of Employer: .....

Date started: .....

Position held: .....

Main duties: .....

Date left: .....

Reason for leaving: .....

Please provide us with the name and phone number of two referees...

Name: .....

Phone No: .....

Name: .....

Phone No: .....