



APPLICATION FORM

Applicant's Name (Last)	(First)	Today's Date
Social Security Number	Driver's License Number/State	

General information

Current Address (Street)				(City)	(State)	(Zip)
Home Phone	Work Phone		Message Phone			
Are you currently or have you worked previously in the cosmetology field?			If yes, where?	Type of work?		
Do you have any experience in the sharpening trade?			If yes, describe your experience			
How did you learn about Katana Edge?						

Education information

What is the highest level of education you have attained?	If you a graduate of a 2-year or 4-year college or university, what was the degree you earned?
Please list the colleges or universities you have attended?	Dates attended:
<ul style="list-style-type: none"> ▪ ▪ ▪ 	<ul style="list-style-type: none"> ▪ ▪ ▪
Do you have future educational goals? If yes, briefly describe:	

Your interest in katana edge

Do you have a specific city or area in which you'd like to work? Please list your top four service territory preferences:

- 1.
- 2.
- 3.
- 4.

Katana Edge will make a reasonable effort to place you in the service area of your choice. We want you to have the best opportunity for success as possible. If we are unable to accommodate your first choice of service area, we will endeavor to place you in one of the other areas you have selected. The conditions of operating in your designated service area will be described in detail in the business agreement the Company will send you should your application be approved.

Employment information

Please describe your employment history during the past ten years, listing the most recent experience first:

Company Name	Position(s) Held at Company	Dates Employed	Supervisor's Name & Phone Number
Company Name	Position(s) Held at Company	Dates Employed	Supervisor's Name & Phone Number
Company Name	Position(s) Held at Company	Dates Employed	Supervisor's Name & Phone Number
Company Name	Position(s) Held at Company	Dates Employed	Supervisor's Name & Phone Number
Company Name	Position(s) Held at Company	Dates Employed	Supervisor's Name & Phone Number

Applicant's agreement

I certify that the information given by me to Katana Edge is true and complete to the best of my knowledge.

Applicant's Signature	Date Signed
-----------------------	-------------

Send application to:

Katana Edge
240 – 118th Avenue SE, Suite 33
Bellevue, WA 98005