

*****FOR CONSIDERATION PLEASE SUBMIT COMPLETED FORM & RESUME TO REBECCA@SIMPLYORGANICBEAUTY.COM*****

SIMPLY ORGANIC BEAUTY

Educator Application



EDUCATOR APPLICANT INFORMATION				
Last Name		First		M.I. Date
Street Address			Apartment/Unit #	
City		State		ZIP
Phone		E-mail Address		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Ever own a salon?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will you travel by plane?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
Beauty School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
EMPLOYMENT				
Employed At			How long?	
Address				
List all products you are currently using				

EDUCATOR EXPERIENCE

Manufacturer	Manufacturer
Job Title	Job Title
Length of Time	Length of Time

WHAT DO YOU LIKE MOST ABOUT SIMPLY ORGANIC BEAUTY?

WHY DO YOU WANT TO BECOME AN EDUCATOR FOR SIMPLY ORGANIC BEAUTY?

WHAT EXPERIENCE DO YOU HAVE WITH THE LINE YOU ARE SEEKING TO EDUCATE ABOUT?

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PLEASE PROVIDE A BRIEF SUMMARY ABOUT YOURSELF

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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature	Date
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