



A Do or Dye Salon and Day Spa  
114 South Main Street, Suite 205  
Mount Airy, MD 21771  
(301) 829-4120  
www.a-do-or-dye-salon.com

**Thank you for applying for a position at A Do or Dye Salon and Day Spa.**

*Qualified applicants are considered for all positions without regard to race, color, religion, disabilities, sex, national origin, age, marital or veteran status.*



**Last Name, First Name Middle**

**DOB (month / day)**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

**Address (City, State, Zip )**

**Phone**

**Cell**

\_\_\_\_\_

**Email Address**

**Social Security Number**

**Wages/Salary Expected**

\_\_\_\_\_

**How did you learn about us?**

AD FRIEND RELATIVE OTHER \_\_\_\_\_

**Date Available:** \_\_\_\_\_

**Method of Transportation to get to work:** \_\_\_\_\_

**Seeking (circle):** FULL-TIME PART-TIME TEMPORARY/SEASONAL

**Desired Hours:** \_\_\_\_\_

**Position Desired (circle):** HAIR STYLIST NAIL TECHNICIAN SPA PROFESSIONAL FRONT DESK SHAMPOO

**Are you licensed to practice in this state?** YES NO License # \_\_\_\_\_

**Do you have a legal right to remain permanently in the US?** YES NO **If no, VISA#:** \_\_\_\_\_

**Have you been convicted of any law violation (except minor traffic):** YES NO

**If yes, please specify:**

\_\_\_\_\_

## Education

School Level	Name & Location	Years Attended	Did you Graduate?	Subjects Studied
High School			YES NO	
College			YES NO	
Beauty School			YES NO	
Other Trade			YES NO	

## Employment Record

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, provide firm name and supply business references. Please provide month and year.

Are you presently employed? YES NO

If yes, may we contact your present employer? YES NO

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Company Name:

Address:

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Major Job Duties: \_\_\_\_\_

\_\_\_\_\_

.....

Company Name:

Address:

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Major Job Duties: \_\_\_\_\_

\_\_\_\_\_

Company Name:

Address:

\_\_\_\_\_

**Dates of Employment:** From \_\_\_\_\_ To \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_

**Major Job Duties:** \_\_\_\_\_

\_\_\_\_\_



**Professional and/or Character References**

*Do not list relatives or former employers*

Name	Phone Number	Occupation	Years Known

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omission of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persona named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or personas from all liability for any damage for issuing this information. I understand that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time and with or without cause, the employer's only obligation being to pay salary or wages due and owing at the time of the termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date