



EMPLOYMENT APPLICATION

DATE: _____

**INSTRUCTIONS: COMPLETE ALL NECESSARY
INFORMATION PLEASE PRINT CLEARLY**

NAME: _____

DOB ____/____/____

SOCIAL SECURITY # _____

MAILING ADDRESS: _____

CITY, STATE _____ ZIP CODE _____

PHONE (H) _____ (W) _____ (C) _____

EMAIL ADDRESS: _____

HAVE YOU BEEN CONVICTED OF A STATE OR FEDERAL FELONY? IF YES, PLEASE
EXPLAIN: _____

ARE YOU LICENSED IN ANY OTHER STATES AND/OR COUNTRIES? IF SO, WHICH ONES?

HAVE YOU PREVIOUSLY APPLIED WITH MAC V.S.D.C SALON? IF SO, WHEN AND WHERE?

EDUCATIONAL BACKGROUND (CHECK THE HIGHEST GRADE COMPLETED)

HIGH SCHOOL 9 10 11 12

COLLEGE 1 2 3 4

COSMETOLOGY TRAINING

COSMETOLOGY SCHOOL YOU ATTEND: _____

OTHER: _____

IF APPLICABLE, DO YOU HAVE AN MARYLAND STATE BOARD OF COSMETOLOGY
LICENSE? YES NO

COSMETOLOGY LICENSE# _____

IF NO, PLEASE EXPLAIN: _____

WHEN WILL YOU GRADUATE FROM COSMETOLOGY SCHOOL? _____

IF YES, WHEN WOULD YOU BE AVAILABLE TO WORK? _____

POSITION APPLYING FOR

SALON RECEPTIONIST _____ SYLIST (QUALIFIED) _____

INTERN _____ COLORIST (QUALIFIED) _____

MAKE-UP ARTIST _____ NAIL TECH _____ OTHER _____

EMPLOYMENT HISTORY

COMPANY NAME: _____

PHONE: _____ CONTACT NAME: _____

ADDRESS _____

CITY, STATE, ZIP: _____

POSITION HELD: _____

DUTIES _____

WAGE: _____

EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

PHONE: _____ CONTACT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

POSITION HELD _____

DUTIES: _____

WAGE: _____

EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

PHONE: _____ CONTACT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

POSITION HELD: _____

DUTIES: _____

WAGE: _____

EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING: _____

LIST THE COMPANY NAMES YOU DO NOT WISH US TO CONTACT:

DO YOU HAVE A LEGAL RIGHT TO BE EMPLOYED IN THE UNITED STATES?

YES NO

AVAILABILITY: PLEASE LIST ALL THE HOURS YOU ARE AVAILABLE TO WORK

MONDAY _____
TUESDAY _____
WEDNESDAY _____
THURSDAY _____
FRIDAY _____
SATURDAY _____
SUNDAY _____

MAC V.S.D.C SALON IS AN AT WILL EMPLOYER WHERE THE EMPLOYEE IS FREE TO RESIGN AT WILL AT ANY TIME WITH OR WITHOUT CAUSE. SIMILARLY, MAC V.S.D.C SALON MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT WILL AT ANY TIME, WITH OR WITHOUT CAUSE. I CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE MAC V.S.D.C SALON TO VERIFY ANY REPRESENTATIONS MADE BY ME EITHER ORAL OR WRITTEN CONCERNING PERSONAL EMPLOYMENT, FINANCIAL AND/OR OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT MAC V.S.D.C SALON MAY CONTACT INDIVIDUALS OR ORGANIZATIONS OTHER THAN THESE I HAVE PROVIDED AS A REFERENCE IN THIS PROCESS. I HEREBY RELEASE ALL EMPLOYERS, COMPANIES, CORPORATIONS, CREDIT BUREAUS, LAW ENFORCEMENT AGENCIES, SCHOOLS, OR PERSONS FROM ANY AND ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH THIS APPLICATION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION (OR ANY INTERVIEWS) MAY RESULT IN DISCHARGE. I ALSO UNDERSTAND THAT THE PRIOR WRITTEN CONSENT OF MAC V.S.D.C SALON IS REQUIRED FOR PARTICIPATION IN OUTSIDE VENTURES OR ADDITIONAL EMPLOYMENT SHOULD I ENTER INTO AN EMPLOYMENT AGREEMENT WITH MAC V.S.D.C SALON.

APPLICANT SIGNATURE: _____

DATE: _____

* NAME ENTRY HERE WILL SERVE AS YOUR AGREEMENT SIGNATURE

**PLEASE ATTACH A COPY OF YOUR RESUME IF YOU HAVE ONE