

# Job Application



2823 West Chesapeake Beach Road • Dunkirk, MD 20754 • 301.812.0800 • 410.286.0800 • [www.julianshair.com](http://www.julianshair.com)

*Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or in the presence of a non-related medical condition or handicap.*

## Tell us about yourself:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

DOB: \_\_\_\_\_ Are you a United States of America citizen?:  Yes  No

Have you ever applied for a job at Julians Hair Designers?:  Yes  No

If yes, for what position?: \_\_\_\_\_ Date: \_\_\_\_\_

What position are you applying for today? \_\_\_\_\_

## Tell us about your former job:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Date of employment: From \_\_\_\_\_ to \_\_\_\_\_

## Tell us why you would like to work at Julians Hair Designers?

## What is a good time to call to set up an interview?

\_\_\_\_\_ a.m. / \_\_\_\_\_ p.m.

A copy of your Social Security Card and Driver's License is required upon starting employment.  
Thank you for your interest and we will be in touch.

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## Employment history:

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. May we contact your present employer?  Yes  No  
 Past Employer?  Yes  No Please indicate if you were employed under a different name.

Dates	Name and Address of Employer	Position Held and Supervisor	List Major Duties	Salary or Wages	Reason for Leaving
From: ____ / ____ mo. / yr.	Name: _____ Address: _____ City: _____ State: _____ Phone: _____	Your Job Title: _____ Supervisor: _____		Starting: _____ Final: _____	
____ / ____ mo. / yr.	Name: _____ Address: _____ City: _____ State: _____ Phone: _____	Your Job Title: _____ Supervisor: _____		Starting: _____ Final: _____	
____ / ____ mo. / yr.	Name: _____ Address: _____ City: _____ State: _____ Phone: _____	Your Job Title: _____ Supervisor: _____		Starting: _____ Final: _____	
____ / ____ mo. / yr.	Name: _____ Address: _____ City: _____ State: _____ Phone: _____	Your Job Title: _____ Supervisor: _____		Starting: _____ Final: _____	

## References:

Business references: (do not list relatives, please indicate if you were employed under a different name).

Name:	Address:	Work Phone	Title	Years Known

Please sign and verify that all the information is deemed to be true to the best of your knowledge.

Name: \_\_\_\_\_ Date: \_\_\_\_\_