



Dollhouse Hair and Makeup, Inc.

3532 University Ave. Riverside CA 92501 951.233.0308

dollhousehairandmakeup@yahoo.com

Employment Application

Applicant Information

Full Name: _____

Last

First

M.I.

Date: _____ Address: _____

Street Address

City

State

ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____

Desired Salary: \$ _____ Position Applied for: _____

Have you applied here before? (please circle what applies)

Yes

No

If yes, position and date of application: _____

Employment type desired: (please circle what applies)

Full-time

Part-time

Associate

What prompted you to apply at The Parlour by Dollhouse? _____

Are you over 18 years old? (please circle what applies)

Yes

No

If no, are you authorized to work in the U.S.? (please circle what applies)

Yes

No

If hired, can you submit verification of your right to work in the United States? (please circle what applies) Yes No

If yes, when? _____

Have you ever been convicted of a felony for which the record has not been judicially ordered sealed, expunged, or eradicated? (Applicants will not be denied employment solely on the grounds of a conviction. The nature and date of the offense and surrounding circumstances may be considered.) (please circle what applies)

Yes No

If yes, explain: _____

Qualifications

Certified Position: _____

State License Number (include state): _____

Qualifications & Special Skills: _____

Education

High School: _____

From: _____ To: _____ Did you graduate? YES NO

Diploma: _____

College: _____

From: _____ To: _____ Did you graduate? YES NO

Degree: _____

Other: _____

From: _____ To: _____ Did you graduate? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? (please circle what applies)

YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? (please circle what applies)

YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$_____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? (please circle what applies)

YES NO

Availability

Please indicate the days and times you are available to work: _____

Equal Opportunity Employers

Dollhouse Hair and Makeup, Inc. and The Parlour by Dollhouse are equal opportunity employers. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.

Disclaimer and Signature

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

Signature: _____ Date: _____