

Name of Applicant \_\_\_\_\_



Date of Application \_\_\_\_\_

### EMPLOYMENT APPLICATION

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected classification.*

**Please print and fill out completely even if resume is attached:**

Name: \_\_\_\_\_  
Last First Middle

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Position applying for (please circle): Guest Relations Housekeeping Shampoo Assistant Massage Therapist

Call Center New Talent Program Nail Technician Aesthetician Make-Up Artist Stylist Management

How did you hear about employment at Robert Andrew? \_\_\_\_\_

Your availability(days/hours): \_\_\_\_\_ Date available to work: \_\_\_\_\_

Are you legally authorized to work in the United States: No\_\_\_\_ Yes \_\_\_\_

Are you 18 years of age or older?  Yes  No If no, can you furnish a work permit?  
 Yes  No

Are you licensed in the field in which you are applying?  Yes  No  Not Applicable  
Date when originally licensed: \_\_\_\_\_(current license must be presented at time of interview)

Have you ever served in the U.S. military? No\_\_\_\_ Yes \_\_\_\_

Dates/Branch: \_\_\_\_\_

Have you been convicted of a crime in the past 10 years?No\_\_\_\_ Yes\_\_\_\_ Date:\_\_\_\_\_  
*(An answer of 'yes' will not automatically disqualify you from being considered as a candidate for employment.)*

Explanation (include county & state of crime) \_\_\_\_\_

Have you ever worked for Robert Andrew – The Salon & Spa before? \_\_\_\_\_

If so, when? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Have your ever applied to Robert Andrew: \_\_\_\_\_ If so, when? \_\_\_\_\_

**EMPLOYMENT DATA**

Fill in completely starting with your most recent employer for the past 5 years. You may exclude organization names that indicate race, color, religion, gender, national origin, ancestry, age, disability or other protected status.

May we contact your present employer? No \_\_\_\_ Yes \_\_\_\_

Name of Employer				
Street Address		City	State	Zip
Telephone Number (including area code)		Supervisor's Name/Position		
Position	Dates Employed		Salary	
	From:	To:	Start:	End:
Responsibilities				
Reason for leaving				

Name of Employer				
Street Address		City	State	Zip
Telephone Number (including area code)		Supervisor's Name/Position		
Position	Dates Employed		Salary	
	From:	To:	Start:	End:
Responsibilities				
Reason for leaving				

Name of Employer				
Street Address		City	State	Zip
Telephone Number (including area code)		Supervisor's Name/Position		
Position	Dates Employed		Salary	
	From:	To:	Start:	End:
Responsibilities				
Reason for leaving				

## EDUCATION

SCHOOL	NAME / CITY STATE	YEARS ATTENDED	GRADUATE ?	DEGREE EARNED
High School				
College or University				
Graduate School				
Trade or Business School				
Other				

Have you ever been discharged by an employer?  Yes  No

If yes, please explain all terminations: \_\_\_\_\_

List all periods during which you were unemployed: \_\_\_\_\_

How did you spend this time? \_\_\_\_\_

List professional, trade, business, or civic activities and offices held. (You may exclude memberships that would reveal race, color, religion, gender, age, ancestry, national origin, disability or other protected status):

\_\_\_\_\_  
 \_\_\_\_\_

## SPECIAL SKILLS

Indicate office equipment you can operate, technical, computer and other job related skills: \_\_\_\_\_

Word Processor WPM: \_\_\_\_\_

## REFERENCES

*(Professional, peer and work references, not relatives or previously named supervisor --- list at least three)*

NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER
			( )
			( )
			( )

**UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

**Applicant's Signature:** \_\_\_\_\_

*NOTE: The above must appear in ALL CAPS and bold font and include its own signature line.*

**APPLICANT'S STATEMENT**

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Robert Andrew to make an investigation of any of the facts set forth in this application. I agree to immediately notify Robert Andrew if I should be convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse, or violence, while my job application is pending, or during my period of employment, if hired.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this company and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted Robert Andrew policies.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I understand that this application does not create a contract of employment. I understand that, if hired, employment at Robert Andrew is "at will," which means that either I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the President, has any authority to alter the foregoing.

I hereby acknowledge that I have read and understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please tell us below in one or two paragraphs why you think you should be selected for this position. Please include your job goals and what you are looking for from our company and from the position.

**If you need additional space, please attach a separate sheet.**

---

Applicant Signature

Date



**BACKGROUND INVESTIGATION  
AUTHORIZATION FORM**  
*(Please read carefully before signing)*

The amended Fair Credit Reporting Act (1997) requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, general reputation, personal characteristics and mode of living. The primary objective of any investigation will be to verify information you provided on your application or during the interview process. Upon your written request within a reasonable period of time, additional information as to the nature and scope of the report (if one is made) will be provided. You have the right to request details of the report from the consumer reporting agency.

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month, Day, Year)

Driver License # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other Names Used & Date Changed \_\_\_\_\_  
*(Including Maiden Name)* *(Year changed)*

**Residence Addresses For The Past 7 Years:**

*Street Address* \_\_\_\_\_ *City, State & Zip Code* \_\_\_\_\_ *County* \_\_\_\_\_ *From Mo./Yr.* \_\_\_\_\_ *To Mo./Yr.* \_\_\_\_\_

---

---

---

---

---

---

---

Have you ever been charged with or convicted of a Misdemeanor or Felony crime? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain in some detail, including what county and state, and in what year \_\_\_\_\_

---

---

I authorize Robert Andrew – The Salon & Spa and their agents to investigate my background as it pertains to employment and business considerations. This may include investigations of employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including credit, criminal, motor vehicle data and workers compensation. I release all persons, companies or corporations furnishing such information from liability and responsibility. A photocopy of this document may be substituted for the original.

Printed Full Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_