

APPLICATION FOR EMPLOYMENT



YOU MUST FILL OUT THIS APPLICATION COMPLETELY IN ORDER TO BE CONSIDERED FOR ANY POSITION!

PERSONAL INFORMATION

FIRST _____ MIDDLE _____ LAST _____

STREET _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____ E-MAIL ADDRESS _____

(YOU MUST BE 18 YEARS OR OLDER.)
 ARE YOU 18 YEARS OR OLDER? YES NO PHONE # _____ APARTMENT # _____

IN CASE OF EMERGENCY NOTIFY _____

NAME _____ ADDRESS _____ PHONE # _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

DESIRED EMPLOYMENT

POSITION (BE SPECIFIC) _____ DATE YOU CAN START _____ SALARY DESIRED _____

HOURS OF AVAILABILITY

	SUN	MON	TUES	WED	THUR	FRI	SAT
OPEN (EARLY AS 6 AM)							
CLOSE (LATE AS 3 AM)							

HOURS OF OPERATION MAY VARY BY LOCATION. HOW MANY WEEKENDS A MONTH ARE YOU AVAILABLE? _____

ARE YOU A MEMBER OF THIS TANNING SALON? YES NO IF YES, PLEASE GIVE MEMBERSHIP NUMBER _____

HAVE YOU EVER WORKED AT A TANNING SALON BEFORE? YES NO IF SO, WHERE?: _____

(COUNTING MONEY ACCURATELY IS REQUIRED) CAN YOU COUNT MONEY ACCURATELY? YES NO

EDUCATION (MINIMUM HIGH SCHOOL GRADUTAE OR G.E.D. REQUIRED)

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED?	*DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				

GENERAL

SEMINARS, MGT. PRGS., TRAINING OR SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK THAT RELATE TO YOUR WORK EXP. OR THIS POSITION _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?
 YES NO IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? YES NO DESCRIBE _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT ONE FIRST.)

NAME _____

ADDRESS _____

STARTING DATE _____ **LEAVING DATE** _____

MONTH YEAR MONTH YEAR

STARTING SALARY _____ **ENDING SALARY** _____

JOB TITLE _____ **DESCRIPTION OF WORK** _____

NAME AND TITLE OF SUPERVISOR _____

MAY WE CONTACT SUPERVISOR? YES NO **PHONE #** _____

REASON FOR LEAVING _____

NAME _____

ADDRESS _____

STARTING DATE _____ **LEAVING DATE** _____

MONTH YEAR MONTH YEAR

STARTING SALARY _____ **ENDING SALARY** _____

JOB TITLE _____ **DESCRIPTION OF WORK** _____

NAME AND TITLE OF SUPERVISOR _____

MAY WE CONTACT SUPERVISOR? YES NO **PHONE #** _____

REASON FOR LEAVING _____

NAME _____

ADDRESS _____

STARTING DATE _____ **LEAVING DATE** _____

MONTH YEAR MONTH YEAR

STARTING SALARY _____ **ENDING SALARY** _____

JOB TITLE _____ **DESCRIPTION OF WORK** _____

NAME AND TITLE OF SUPERVISOR _____

MAY WE CONTACT SUPERVISOR? YES NO **PHONE #** _____

REASON FOR LEAVING _____

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	PHONE #
1.			
2.			
3.			

CONSENT TO DISCLOSURE OF INFORMATION

PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

PURSUANT TO COMPANY POLICY I HEREBY GRANT PERMISSION TO THE COMPANY TO INVESTIGATE MY EMPLOYMENT EDUCATIONAL AND PERSONAL BACKGROUND AND CHARACTER REFERENCES I RELEASE ALL PERSONS WHO FURNISH SUCH INFORMATION TO THE COMPANY FROM ALL LIABILITY AND DAMAGES AS ALLOWED BY LAW, I ALSO AGREE TO SUBMIT TO RANDOM DRUG TESTS AND OTHER INVESTIGATIVE INTERVIEWS, METHODS OR TEST CONDUCTED BY THE COMPANY AND I UNDERSTAND THAT THE RESULTS OF SUCH TEST MAY BE USED AS EVIDENCE IN LEGAL OR ADMINISTRATIVE PROCEEDINGS AND MAY ALSO BE USED IN CONSIDERING MY STATUS FOR CONTINUED EMPLOYMENT AND AS A BASIS FOR REJECTING MY APPLICATION OR TERMINATING MY EMPLOYMENT.

I HEREBY AUTHORIZE PERSONS, SCHOOLS, BUSINESSES, CURRENT AND PREVIOUS EMPLOYERS AND ORGANIZATIONS TO PROVIDE ANY AND ALL INFORMATION THAT ANY OF THEM MAY POSSESS CONCERNING OR RELATING TO ME AND THAT MAY BE REQUIRED FOR ANY EMPLOYMENT DECISIONS BY THE COMPANY A PHOTOCOPY OF THIS FORM MAY BE USED, IF REQUIRED FOR PURPOSES OF ESTABLISHING AUTHORIZATION TO DISCLOSE INFORMATION ABOUT ME.

I ALSO UNDERSTAND THAT GIVING INCOMPLETE OR FALSE INFORMATION IN MY APPLICATION FOR EMPLOYMENT IS A SERIOUS MATTER AND IS GROUNDS FOR TERMINATION AND FORFEITURE OF RELATED BENEFITS.

UPON ACCEPTANCE OF EMPLOYMENT WITH THE COMPANY, I AGREE TO FOLLOW ALL THE POLICIES, PROCEDURES, TERMS AND CONDITIONS OF THE COMPANY AS SET FORTH IN THE COMPANY MANUAL I UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION, ANY MANUAL, BROCHURES, OR OTHER COMPANY MATERIALS SHALL CONSTITUTE A CONTRACT OR IMPLIED CONTRACT OF EMPLOYMENT.

I ALSO AGREE TO FULL RELEASE OF LIABILITY TO THE COMPANY FOR PROVIDING REFERENCES TO ALL POTENTIAL EMPLOYERS IN THE EVENT OF MY TERMINATION.

I UNDERSTAND AND AGREE THAT, IF HIRED MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE AND IS SUBJECT TO CONFIRMATION BY THE COMPANY.

I UNDERSTAND THAT THE INFORMATION CONTAINED HEREIN IS TO BE USED IN A CONFIDENTIAL MANNER.

DATE _____ SIGNATURE _____
(THIS APPLICATION IS ACTIVE FOR TWO WEEKS FROM THE ABOVE DATE.)