



EMPLOYMENT APPLICATION

Personal Information

Today's Date: _____

NAME (FIRST & LAST)		(PHONE NUMBER) () -	
(PRESENT ADDRESS)	(CITY)	(STATE)	(ZIP CODE)
(EMAIL ADDRESS)		ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employment

(POSITION DESIRED)	(AVAILABLE START DATE)	(SALARY DESIRED)
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ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

ARE YOU CURRENTLY EMPLOYED? Yes No

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

HAVE YOU EVER APPLIED TO ELECTRIC TAN BEFORE? Yes No

** If yes, when and which salon location?*

HAVE YOU EVER BEEN EMPLOYED BY ELECTRIC TAN BEFORE? Yes No

** If yes, when and which salon location?*

WERE YOU REFERRED? Yes No

** If yes, by whom?*

IF YOU ARE HIRED, WILL YOU HAVE RELIABLE TRANSPORTATION TO ELECTRIC TAN?

Yes No

Education History

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS				

General Information

WORK OR SPECIAL TRAINING SKILLS:	
ACTIVITIES (ATHLETIC, CLUBS/ORGANIZATIONS):	
U.S. MILITARY OR NAVAL SERVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No RANK: _____	

Former Employers

** List the last three employers below, starting with the most recent first.*

DATE MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

References

* List references below who are not related to you and whom you have known for at least one year:

NAME (FIRST & LAST)	(PHONE NUMBER) () -
(PRESENT ADDRESS)	(RELATIONSHIP) (YEARS KNOWN)

NAME (FIRST & LAST)	(PHONE NUMBER) () -
(PRESENT ADDRESS)	(RELATIONSHIP) (YEARS KNOWN)

NAME (FIRST & LAST)	(PHONE NUMBER) () -
(PRESENT ADDRESS)	(RELATIONSHIP) (YEARS KNOWN)

Availability

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Additional Comments

Authorization

“ I, _____, (Print Name) certify the facts contained in this application are true 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 to give 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 damage that may result from utilization of such information.”

DATE: _____

SIGNATURE: _____