



HOLLYWOOD TANS[®]

www.hollywoodtansatlanta.com

Employment Application

Programs, services and employment are available equally to everyone. Please inform the salon manager or owner if you require reasonable accommodation to the application or interview.

Applicant Data:

How were you referred to us?: _____

Full Name: _____

Address: City: State: Zip: _____

Phone: _____ Cell/Other Phone: _____

E-Mail Address: _____

Date available to start: _____ SSN: _____ Salary Requirement: _____

Availability: Mon – Fri (9am-3pm) Mon – Fri (3pm – 9pm)
 Sat (9am – 3pm) Sat (3pm – 9pm) Sun

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for Hollywood Tans before? Yes No When? _____

Have you ever worked for another tanning salon? Yes No When? _____

Are you a citizen of the United States? Yes No

If not, do you have work papers? Yes No

Type of employment desired: Full-time Part Time Temporary Season

Have you ever pled “guilty” or “no contest” to or been convicted of a crime? Yes No

If yes, list dates and details: _____

Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be consideration.

Do you have a valid driver's license?

Yes No

Driver's license number: _____

State: _____

Education:

Level	Name of Institution	City / State	# of Years Completed	Did you graduate?	Degree / Major?
High School					
College / University					
Other					

School / Other Job Schedule (if applicable):

As of now, I am committed to work or attend classes during the following times:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

1.	Dates of Employment:	Company City and State:	May we contact this employer for reference?
	Position Held:	Supervisor / Title and phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Starting Salary / Title:	Reason for Leaving:	
	Ending Salary / Title:	Job Responsibilities:	
2.	Dates of Employment:	Company City and State:	May we contact this employer for reference?
	Position Held:	Supervisor / Title and phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Starting Salary / Title:	Reason for Leaving:	
	Ending Salary / Title:	Job Responsibilities:	
3.	Dates of Employment:	Company City and State:	May we contact this employer for reference?
	Position Held:	Supervisor / Title and phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Starting Salary / Title:	Reason for Leaving:	
	Ending Salary / Title:	Job Responsibilities:	

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge e.

Print Name: _____

Signature of Applicant: _____ Date: _____