



APPLICATION FOR EMPLOYMENT

NAME: _____ Date of Birth _____

ADDRESS: _____ City/State/Zip: _____

PHONE: _____ Referred By: _____

POSITION APPLYING FOR: ___ TANNING CONSULTANT
 ___ SALON MANAGER

DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED? Y or N. If yes, may we contact your current employer? __Yes __No

EVER APPLIED TO THIS COMPANY BEFORE? If yes, when? _____

EXPERIENCE: (List last four employers and any relevant work experience)

Date (MM/YY)	Name & Location	Salary	Position	Reason for Leaving

EDUCATION HISTORY:

	Name & Location of School	Years Attended	Graduation Date	Subjects Studied
High School				
College				
Other				

QUALIFICATIONS:

1. Do you have INDOOR tanning experience at other salons? Explain below:

2. What hours are you available for work? (We are open 7 days/week)

Sunday	Monday	Tuesday	Wed	Thurs	Friday	Sat

3. Do you have experience in retail sales and/or beauty industry? Explain below:

4. Why do you want to work at our salon?

5. Other remarks or qualifications:

6. References (work related):

1. _____
Name/Relation/Company _____ Phone _____
2. _____
Name/Relation/Company _____ Phone _____
3. _____
Name/Relation/Company _____ Phone _____

Authorization: "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 to 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.

Date: _____ Signature: _____