

# **CLASSIC TAN'S APPLICATION FOR EMPLOYMENT**

**MUST BE OUT OF HIGHSCHOOL TO APPLY**

## **Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

B-day: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_

Do you own a dependable automobile:      Yes      No

If not how will you get to work: \_\_\_\_\_

## **Employment Desired**

Circle desired position      part time      full time      management

Desired start date: \_\_\_\_\_ Job starts at minimum wage plus commission

## **Education History**

High School: \_\_\_\_\_ Did you graduate: \_\_\_\_\_

College: \_\_\_\_\_ Did you graduate: \_\_\_\_\_

Trade, Business or Correspondence school: \_\_\_\_\_

\_\_\_\_\_ Did you graduate: \_\_\_\_\_

**If currently a student please attach a copy of your current school schedule**

## **Hours Available for Work**

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_

Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

**I understand that if hired I may have to work weekends and some holiday's: Yes    No**

**I UNDERSTAND IF HIRED THAT I CANNOT BE GONE FOR ANY LENGTH OF TIME THE FIRST 90 DAYS OF HIRE THIS IS PROBATIONARY AND TRAINING TIME YES NO**

## **Questions**

Have you ever been convicted of a crime:    Yes    No

If yes please explain: \_\_\_\_\_

Why should Classic Tan hire you? \_\_\_\_\_

Have you worked in the tanning industry before?    Yes    No

If yes where: \_\_\_\_\_

**IF YOU ARE A CURRENT STUDENT OR WILL BE ENROLLED IN THE NEXT 90 DAYS A CURRENT OFFICIAL PRINTED COPY OF YOUR SCHOOL SCHEDULE MUST BE ATTACHED TO THIS APPLICATION BEFORE IT WILL BE REVIEWED**

**Employment History**

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ May we contact them: \_\_\_\_\_

Dates employed: \_\_\_\_\_ Pay: \_\_\_\_\_

Job title and description of job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**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 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 in to any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability related or medical information a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.”

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_