



BRONZE
The Tanning Studio

APPLICATION FOR EMPLOYMENT

QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, MARITAL STATUS, NATIONAL ORIGIN, AGE, OR VETERAN STATUS OR THE PRESENCE OF A MEDICAL CONDITION OR DISABILITY.

Name _____ Date of application _____
Address _____
Phone Numbers—Home & Cell _____ Soc.Sec.No. _____

Are you a citizen of the U.S.? _____ If no, please list your Alien Reg. Card no. _____
Have you been convicted of a felony in the last 7 yrs? _____ If yes, explain _____
Do you have any physical, mental, or medical impairment/disability that would limit your job performance for the position for which you are applying _____ If yes, explain _____

When are you available for work? Availability Monday - Friday _____ Weekends _____
Do you have any particular days or times that you are absolutely not available? _____

Educational History:

Elementary School _____ Years Completed _____
Graduate Status/Degree obtained _____

High School _____ Years Completed _____
Graduate Status/Degree obtained _____

College/University _____ Years Completed _____
Graduate Status/Degree obtained _____

List special areas of study and/or any honors you have received _____

Employment Experience:

1. Employer _____
Address _____ Phone No. _____
Job Title _____ Supervisor _____
Work Duties _____
Rate of Pay _____ Reason for Leaving _____

2. Employer _____
Address _____ Phone No. _____
Job Title _____ Supervisor _____
Work Duties _____
Rate of Pay _____ Reason for Leaving _____

3. Employer _____
Address _____ Phone No. _____
Job Title _____ Supervisor _____
Work Duties _____
Rate of Pay _____ Reason for Leaving _____

Special Skills and Qualifications – Please list applicable talents and skills that you have gained that you feel would be helpful in your consideration for employment _____

Please list any professional organizations, trade groups or civic groups you belong to or offices that you hold that may be helpful in your consideration for employment _____

References – give the name, address and phone number of three individuals who you have known for at least three years:
1. _____
2. _____
3. _____

Agreements:

I certify that the answers given are true and correct to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading statements may result in my discharge.

Signature of Applicant _____