

hawaiiantan and massage

Employment Application

Applicant Information

Full Name _____ **Date** _____

Birthdate _____ **SSN** _____

If you are under 18 and we require a work permit, can you furnish one yes no

If no, please explain _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Date available to start _____ **Employment desired** Full-time Part-time

Salary Requirements _____

Have you ever worked for Hawaiian Tan? yes no If yes, when?

Are you a citizen of the United States? yes no

If not, do you have work papers? yes no

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? yes no

If yes, give 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.):

Education

Name of School High School, College, Other	Address	Graduate Y/N	Years Completed

References

Please provide two people to whom you are not related and by whom you are not employed.

Name	Address	Phone Number

Previous Employment

(begin with most recent position)

Position Held: _____ **Dates Employed From** ___/___/___ **To** ___/___/___
Company Name _____ **Phone** _____
Address _____
City _____ **State** _____ **Zip** _____
Supervisor _____ **Starting Wage** _____ **Ending Wage** _____
Responsibilities _____

Reason for Leaving _____

Position Held: _____ **Dates Employed From** ___/___/___ **To** ___/___/___
Company Name _____ **Phone** _____
Address _____
City _____ **State** _____ **Zip** _____
Supervisor _____ **Starting Wage** _____ **Ending Wage** _____
Responsibilities _____

Reason for Leaving _____

Position Held: _____ **Dates Employed From** ___/___/___ **To** ___/___/___
Company Name _____ **Phone** _____
Address _____
City _____ **State** _____ **Zip** _____
Supervisor _____ **Starting Wage** _____ **Ending Wage** _____
Responsibilities _____

Reason for Leaving _____

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, 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 may result in discharge.

Signature of Applicant _____ Date _____