

JOB APPLICATION

Last Name:		First Name:		MI:
Address:			City:	St:
Cell Phone:		Daytime Phone:		
PERSONAL (*Optional. Information is not required to seek employment.)				
*Date of Birth: / /		*Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Married <input type="checkbox"/>	*Single <input type="checkbox"/>	*Divorced <input type="checkbox"/>	*Do you have Children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			*If yes how old?	

Position applying for:

- Part – Time (20 hours or less) Full – Time (40 hours) Seasonal (Feb-May)
 Day Night Either

Are you willing to take a drug test? Yes No

Are you currently employed? Yes No If yes, will you be keeping your employment at that business? Yes No

Do you have a family member, relative or friend who is currently employed at The Sun Shack? Yes No

If yes, please list.

Are you willing to learn how to administer an Airbrush Spray Tan. Yes No

Are you willing to learn how to administer the Formostar Body Wrap. Yes No

EDUCATION/TRAINING

	Name of School	Currently Enrolled	Graduated	Year Graduated
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Beauty School		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vo-Tech		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please fill in the physical times and days you can work.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you involved in any extracurricular activities (sports, church, etc.) that would limit your work schedule? Yes No

If YES, Please list all activities:

List any specialized training or skills you possess.

Please write a brief summary on why you want to work at The Sun Shack and what attributes you would bring to the team.

Please write a brief summary of your tanning knowledge.

EMPLOYMENT HISTORY

Employer			
Job Title		Date of Employment:	
Address			
	City	St	Zip
Phone			
Reason for leaving			
Starting Pay		Ending Pay	

Employer			
Job Title		Date of Employment:	
Address			
	City	St	Zip
Phone			
Reason for leaving			
Starting Pay		Ending Pay	

Employer			
Job Title		Date of Employment:	
Address			
	City	St	Zip
Phone			
Reason for leaving			
Starting Pay		Ending Pay	

May we contact any of your previous employers for references? Yes No

References other than previous employers:

Name	
Phone Number	

Name	
Phone	