



625 Kapahulu Ave
Honolulu, HI 96815

Application for Employment

Date:
Renewed:
Job/Position you are applying for: FRONT DESK

GENERAL INFORMATION:

Name	Social Security No.
Address	Telephone No.
City State Zip Code	Email:

EMPLOYMENT RECORD: STARTING WITH present or **MOST RECENT**, list all previous employers. Include self-employment, military service, summer, and part-time jobs. *Please attach additional sheets if necessary, following the same format.*

Name & Address of Former Employer	Dates Employed	Position & Duties	Reason for Leaving
Company Name (Most Recent) Phone No. & Street City & State Zip	From To Mo./Yr. Mo./Yr.	Supervisor's Name	_____
Company Name (2nd Most Recent) Phone No. & Street City & State Zip	From To Mo./Yr. Mo./Yr.	Supervisor's Name	_____
Company Name (3rd Most Recent) Phone No. & Street (Street Address required upon request) City & State Zip	From To Mo./Yr. Mo./Yr.	Supervisor's Name	_____

QUESTIONS:

1. Some customers prefer to be sprayed nude. Is this acceptable? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2. Are you 18 or older? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3. Are you comfortable working alone? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
4. How many hours per week are you hoping to work? _____
5. Why are you looking for a new position? _____
6. Have you tanned indoors? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
7. Thinking of all the jobs you have had in the last few years, how often did you have unscheduled absences? Never: <input type="checkbox"/> 1-3: <input type="checkbox"/> 4-6: <input type="checkbox"/> 7+: <input type="checkbox"/>

AVAILABILITY:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

NEEDED TIME OFF or TRAVEL PLANS (Approximate):

	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec
Start Date				
End Date				

EDUCATION:

	Name of School	Address (City and State Only)	No. of Yrs. Attended	Degrees
High School				Graduated: Yes / No?
College				
Other (trade school, etc.)				

MEDICAL INFORMATION:

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at Company expense and by a Company-chosen physician.

Are you able to perform the essential functions of this job with or without reasonable accommodation? _____
Applicant's Initials

OTHER:

Do you know anyone presently working for our company? _____ If so, who? _____

NOTE:

It is the policy of this Company to hire only U. S. citizens and aliens who are authorized to work in this country. *As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U. S. Immigration and Naturalization Service's Form I-9. Sun Splash Tans, Inc. is an Equal Opportunity Employer and does not and will not discriminate in employment and personnel practices on the basis of race, sex, age, handicap, sexual orientation, religion, national origin, marital or civil union status, or any other basis prohibited by applicable law. Hiring, transferring and promotion practices are performed without regard to the above listed items.*

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission when discovered, will subject me to discharge and I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.

Application Date

Applicant's Signature