



**HOLLYWOOD TANS**  
www.hollywoodtans.com

Hollywood Tans Franchising, LLC  
Corporate Headquarters

11 Enterprise Court  
Sewell, NJ 08080

T 856.716.2150  
F 856.716.2151

## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

### PRESENT ADDRESS

Date of Birth: \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ REFERRED BY \_\_\_\_\_

### PERMANENT ADDRESS

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ START DATE \_\_\_\_\_

SALARY DESIRED \_\_\_\_\_

HAVE YOU EVER APPLIED AT A HOLLYWOOD TANS BEFORE?      YES      NO

WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

### EDUCATION HISTORY

HIGH SCHOOL \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

YEARS ATTENDED \_\_\_\_\_ DID YOU GRADUATE?      YES      NO

COLLEGE \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

YEARS ATTENDED \_\_\_\_\_ DID YOU GRADUATE?      YES      NO

SUBJECTS STUDIED \_\_\_\_\_

### GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS

\_\_\_\_\_

\_\_\_\_\_

US MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_



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**FORMER EMPLOYERS** (List below your last four employers, starting with the most current employer)

ARE YOU CURRENTLY EMPLOYED?                    YES                    NO  
IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?                    YES                    NO

*EMPLOYER 1*

NAME OF EMPLOYER \_\_\_\_\_ DATE EMPLOYED (FROM/TO) \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ SALARY \_\_\_\_\_  
POSITION/RESPONSIBILITIES \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

*EMPLOYER 2*

NAME OF EMPLOYER \_\_\_\_\_ DATE EMPLOYED (FROM/TO) \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ SALARY \_\_\_\_\_  
POSITION/RESPONSIBILITIES \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

*EMPLOYER 3*

NAME OF EMPLOYER \_\_\_\_\_ DATE EMPLOYED (FROM/TO) \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ SALARY \_\_\_\_\_  
POSITION/RESPONSIBILITIES \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

*EMPLOYER 4*

NAME OF EMPLOYER \_\_\_\_\_ DATE EMPLOYED (FROM/TO) \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ SALARY \_\_\_\_\_  
POSITION/RESPONSIBILITIES \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_



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**REFERENCES** (Give below the names of three persons not related to you, whom you have known for at least one year.)

CONTACT 1

NAME \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ RELATION \_\_\_\_\_

CONTACT 2

NAME \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ RELATION \_\_\_\_\_

CONTACT 3

NAME \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ RELATION \_\_\_\_\_

AVAILABILITY

SUN \_\_\_\_\_ MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_  
THU \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_

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 references and 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 into any agreement for employment for any specified period of time, or to make 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 in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

