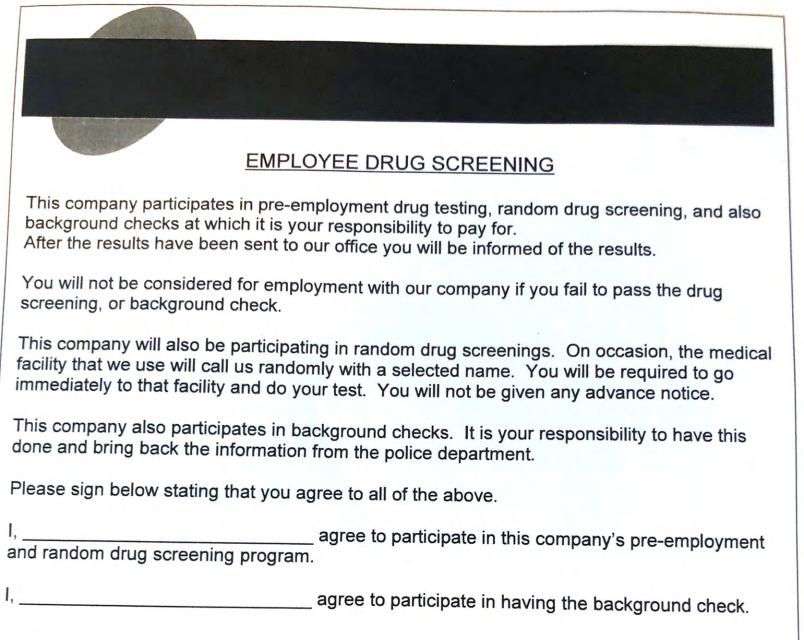# MILLENNIUM TANNING
APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE)   (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME _____ _____ _____
LAST   FIRST   MIDDLE

ADDRESS _____ _____ _____ _____
STREET   CITY   STATE   ZIP

PHONE NO _____   **ARE YOU 18 YRS OR OLDER** ___ YES ___ NO ___

DATE YOU CAN START _____   PART TIME or FULL TIME   **SALARY DESIRED** _____

AVAILABILITY:

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIME							

ARE YOU EMPLOYED RIGHT NOW? _____   **IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?** _____

EDUCATION	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

U.S. MILITARY OR NAVAL SERVICE _____ **RANK** _____   **PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES** _____

FORMER EMPLOYERS: (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & LOCATION OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	TELEPHONE NUMBER	BUSINESS	YEARS AQUAINTED
1				
2				
3				

"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 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE: _____   SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____   DATE _____

NOTES: _____

_____

_____

HIRED: YES   NO _____   SALARY/WAGE _____   START DATE _____

EMPLOYEE DRUG SCREENING

This company participates in pre-employment drug testing, random drug screening, and also background checks at which it is your responsibility to pay for.
After the results have been sent to our office you will be informed of the results.

You will not be considered for employment with our company if you fail to pass the drug screening, or background check.

This company will also be participating in random drug screenings. On occasion, the medical facility that we use will call us randomly with a selected name. You will be required to go immediately to that facility and do your test. You will not be given any advance notice.

This company also participates in background checks. It is your responsibility to have this done and bring back the information from the police department.

Please sign below stating that you agree to all of the above.

I, _____ agree to participate in this company's pre-employment and random drug screening program.

I, _____ agree to participate in having the background check.

_____   _____
SIGNATURE   DATE