

The Salon Professional Academy Tampa  
4802 Gunn Highway, Suite 144, Tampa, FL 33624  
www.tspatampa.com

EMPLOYMENT APPLICATION

813.908.8020

HOW TO APPLY

1. Complete this application by typing directly on this form. Click on the first line below to begin typing, then simply tab to the next information field to complete.
2. When finished click submit to email this application to the Academy. Please print or save a copy for your records.

PERSONAL

Position \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ If not, do you have a legal right to remain & work? \_\_\_\_\_

Have you served in the U.S. Armed Forces? \_\_\_\_\_ Date available for work? \_\_\_\_\_

Have you previously applied for employment with us? \_\_\_\_\_ When? \_\_\_\_\_

Do you have anything that prevents you from doing any job? (explain)

\_\_\_\_\_

EDUCATION

List your education beginning with high school or G.E.D. and all further education.

\_\_\_\_\_

\_\_\_\_\_

All qualified applicants will receive consideration without regard to race, color, religion, sex, national origin, age or military status. Applications will be kept on file for six months.

If you have been convicted of a felony, please complete the following:

Charge \_\_\_\_\_ Place of arrest \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYMENT

Start with your most recent job. List all employment here or attach.

If you are still employed, may we contact your present employer? \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Position held \_\_\_\_\_ Dates (from) \_\_\_\_\_ (to) \_\_\_\_\_ Wage \_\_\_\_\_

Describe duties \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Position held \_\_\_\_\_ Dates (from) \_\_\_\_\_ (to) \_\_\_\_\_ Wage \_\_\_\_\_

Describe duties \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Position held \_\_\_\_\_ Dates (from) \_\_\_\_\_ (to) \_\_\_\_\_ Wage \_\_\_\_\_

Describe duties \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Position held \_\_\_\_\_ Dates (from) \_\_\_\_\_ (to) \_\_\_\_\_ Wage \_\_\_\_\_

Describe duties \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Position held \_\_\_\_\_ Dates (from) \_\_\_\_\_ (to) \_\_\_\_\_ Wage \_\_\_\_\_

Describe duties \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Position held \_\_\_\_\_ Dates (from) \_\_\_\_\_ (to) \_\_\_\_\_ Wage \_\_\_\_\_

Describe duties \_\_\_\_\_

**Please read the following statement carefully** and then click submit below.

I understand that misrepresentation or the purposeful omission of facts called for on this form is reason to disqualify me from further consideration and is grounds for termination if such items are a business necessity.

Signature \_\_\_\_\_ Date \_\_\_\_\_