**Application for Everyday Health Massage and Spa**

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Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

**SEND APPLICATIONS TO EVERYDAYHEALTHSPA@GMAIL.COM**

Personal Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
City: \_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_ Number: (\_\_\_) \_\_\_\_\_\_\_  
  
Position desired? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
When would you be available to begin work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Are you legally eligible to be employed in the United States? YES [ ] NO [ ]  
  
(Proof of identity and eligibility will be required upon employment)  
  
Are you available to work: DAYS [ ] NIGHTS [ ] WEEKENDS [ ] explain:   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days and Hours Available:(If employed, notification must be provided in writing should availability change.) Hours of spa Monday- Saturday 10:00am-8:00pm Sunday 12:00pm-6:00pm

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| From: |  |  |  |  |  |  |  |
| To: |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | Are you presently employed? YES [ ] NO [ ]  If yes, may we contact your employer? YES [ ] NO [ ]  If presently employed, why are you considering leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | EDUCATION | Name and Location of School | Course of  Study | No. of Years  Completed | Diploma or  Degree Received | | High School |  |  |  |  | | College |  |  |  |  | | Vocational or Trade School |  |  |  |  | |

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| Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES [ ] NO [ ] If yes, please describe:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EMPLOYMENT**  Start with your current or most recent position |
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| --- | --- | --- | --- |
| Name of Employer:  Name of Supervisor: | | Telephone Number | |
| Dates Employed  From Month/Day/Year | To Month/Day/Year | Rate of Pay  Beginning | Final |
| Describe the Work Performed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Name of Employer:  Name of Supervisor: | | Telephone Number | |
| Dates Employed  From Month/Day/Year | To Month/Day/Year | Rate of Pay  Beginning | Final |
| Describe the Work Performed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Name of Employer:  Name of Supervisor: | | Telephone Number  ( ) | |
| Dates Employed  From Month/Day/Year | To Month/Day/Year | Rate of Pay  Beginning | Final |
| Describe the Work Performed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **PERSONAL REFERENCES**  Give three references |

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| Name:  Phone Number: | Occupation |
| Name  Phone Number: | Occupation |
| Name  Phone Number: | Occupation |

*We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.*

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| **IMPORTANT, PLEASE READ AND SIGN**  I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |