



EMPLOYMENT APPLICATION FORM

Personal Information

Availability Date (When can you start?): _____ Desired Position (Job ID): _____

Status Preference: Full-Time Part-Time PRN/OnCall Desired Team(s): Mobile (Chair/Table) Office Location

Days Available: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Start Hour: _____ AM PM End Hour: _____ AM PM

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Best Way to Contact You: _____ Phone Number: _____

Website or LinkedIn Profile: _____ How Did You Hear About The Position?: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Background Information

Are you presently employed? Yes No

Are you legally eligible for employment in the United States? Yes No

Have you been convicted of any felony charges? Yes No

CPR /AED for Health Care Professionals Requirement

Institution/Training Site: _____ Date Training Received: _____ Exp. Date: _____

Work History

Please list your current or most recent employer below. The next step will require you to attach your resume, all previous employment should be captured in your resume. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

Do You Have A Previous Employer? Yes No

Reference 1 (Personal – Non-Family)

Name: _____ Phone Number: _____

Email: _____

Reference 2 (Last Employer)

Name: _____ Phone Number: _____

Email: _____

Education / Experience

Massage School: _____ Graduation Date: _____

City: _____ State: _____ Zip: _____ Test Taken: _____

National Certification Number: _____ Exp. Date: _____

State License Number: _____ Exp. Date: _____

Modalities

Any listed technique(s) practiced with less than 5 years' experience must be demonstrated and approved within a massage practicum before administering on clients

Swedish/Deep Tissue/Sport Institution/Training Site: _____ Date Training Received: _____

CEU Hands-On Online Hours: _____ Expiration Date: _____

Hot/Cold Stone Therapy Institution/Training Site: _____ Date Training Received: _____

CEU Hands-On Online Hours: _____ Expiration Date: _____

Pregnancy Massage Institution/Training Site: _____ Date Training Received: _____

CEU Hands-On Online Hours: _____ Expiration Date: _____

Reflexology/Myofacial Release Institution/Training Site: _____ Date Training Received: _____

CEU Hands-On Online Hours: _____ Expiration Date: _____

Accupressure/Trigger Point Therapy Institution/Training Site: _____ Date Training Received: _____

CEU Hands-On Online Hours: _____ Expiration Date: _____

Aromatherapy (Professional) Institution/Training Site: _____ Date Training Received: _____

CEU Hands-On Online Hours: _____ Expiration Date: _____

Cupping/Dry Needling Institution/Training Site: _____ Date Training Received: _____

CEU Hands-On Online Hours: _____ Expiration Date: _____

Chakra Balancing Institution/Training Site: _____ Date Training Received: _____

CEU Hands-On Online Hours: _____ Expiration Date: _____

Reiki Institution/Training Site: _____ Date Training Received: _____

CEU Hands-On Online Hours: _____ Expiration Date: _____

Insurance Information

Insurance Provider: _____ Liability Policy #: _____ Expiration Date: _____

Statement 1

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

I consent to having Spirit Massage & Bodywork contact anyone it deems appropriate to investigate or verify any information I have given, or to discuss my background, past work performance, or suitability for employment. I release all parties from any liability for damage resulting from the furnishing of information to Spirit Massage & Bodywork.

Candidate's / Applicant's Signature: _____ Date: _____

Statement 2

NOTICE TO APPLICANTS

The policy of Spirit Massage & Bodywork is to maintain a drug-free workplace. Spirit Massage & Bodywork strictly forbids the use possession, distribution, sale or dispersion of illegal drugs and/or alcohol by its employees while on duty. Failure to abide by any part of the Spirit Massage & Bodywork Alcohol and Drug Policy may result in an employee's immediate termination.

Please be advised that all offers of employment are contingent upon satisfactory result of a drug screening test. IF YOU RECEIVE A TENTATIVE OFFER OF EMPLOYMENT, IT IS YOUR RESPONSIBILITY TO SUBMIT TO A DRUG SCREENING WITHIN 48 HOURS OF THIS OFFER. All Applicants who are considered for employment will be requested to sign a Consent Release Form authorizing Spirit Massage & Bodywork to have its laboratory perform a drug screening test. Applicants who refuse to sign the Consent Form or whose test result are confirmed positive will not be considered for employment.

Secondly, if you are hired, our center reserves the right to require an alcohol or drug screen when there is reasonable suspicion of alcohol or drug use as evidence by inappropriate or performance on the job. Failure to agree to submit to this screen will result in the immediate termination of your employment.

Further, I understand that it is my responsibility, if hired, to report to my supervisor if I am convicted of violating a Federal, State, or Local Drug Statute that occurred in the work place within five (5) days of its occurrence.

I understand that my employment is subject to satisfactory reference checks, Talent + interview, the satisfactory result of a drug test, and criminal background check.

Candidate's / Applicant's Signature: _____ Date: _____

Statement 3

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I certify that the answers and statements given by me on this application are true and without significant omission. I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I understand that if hired, my employment will be at-will, and as such, may be terminated with or without cause and with or without notice at any time by either myself or Spirit Massage & Bodywork. I also understand that if employed, I will be subject to a probationary period. The successful completion of the probationary period will not alter my at-will employment status. Further, I understand that my employment is subject to satisfactory reference checks, Talent + Interview, and the satisfactory result of a drug screening test.

Candidate's / Applicant's Signature: _____ Date: _____