

Santa Fe Massage and Wellness



EMPLOYMENT APPLICATION

Position Desired:	Personal Information	
I osition Desired.	NAME:	
	SSN#:	
Desired Salary:	STREET	
	ADDRESS: ST: ZIP:	
Days Available: Mon Tues	511511	
Wed Thur Fri Sat	Home Phone:	
Total Hours Available/Week:	Home Phone: Business Phone:	
Total Hours Available/ week.		
Hours Available:	Cell Phone:	
From to	Email Address:	
	Have you ever applied for employment with us? YesNo	
List any vacation or time-off requests:	If yes, when?	
*** 1 **** 11 ****		
Work Eligibility		
Are you eligible to work in the United States?	Yes No Are you 18 or older? Yes No	
Are you available to work holidays?	Yes No	
The you available to work hondays:	10310	
When will you be available to begin work?	(Month/Yr)	
Do you have a valid driver's license? Yes No	Exp. Date State License Was Issued From	
Have you ever been convicted of or pleaded no contest		
If yes, please explain:		
misdemeanor petty theft, burglary fraud, writing bad ch	ed no contest, to an act of dishonesty, or breach of trust or moral turpitude, such as ecks, and other related crimes within the last ten (10) years?* Yes No	
Please explain any special training or skills you may ha with health and beauty industry, etc.)?	ve (additional spoken or written languages, computer software knowledge, familiarity	
*Conviction of a crime, or pleading guilty to a criminal Each conviction or plea will be considered with respect	charge, will not necessarily disqualify you from the job for which you are applying. to time, job relatedness, and other relevant factors.	
Education		
High School:	City/State:	
College:	C1 10	
Course of Study:	# Years Completed:	
Did you graduate? Yes No	Degree Type:	
Other programs completed: Licenses/ Certifications:		

Employment History

Please give an accurate and complete full-time employment record. Start with your present or most recent employer.

Most Recent/Present Position:		C' (C')
Company Name:		City/State:
Company Phone Number:	Job Title:	Weekly Pay:
	Dates of Employment (Month/Year): From:	
To: Describe your job and its duties:		
May we contact this employer? If not, why?	Yes No	
Reason for leaving:		
Position #2 Company Name:		City/Stata
		-
Company Phone Number:	Job Title:	Weekly Pay:
	Dates of Employment (Month/Year): From	
To: Describe your job and its duties:		
May we contact this employer? If not, why?	Yes No	
Reason for leaving:		
Position #3 Company Name:		City/State:
Company Phone Number:		
Name of Supervisor:	Dates of Employ	yment (Month/Year): From
To: Describe your job and its duties:		
May we contact this employer? If not, why?	Yes No	
Reason for leaving:		

Conditions of En Santa Fe Massage and Wellness sets high standards for its emp condition of employment. If you are offered a position with Sa consider what we would require of you before you accept. As our external and internal customers feel like valuable customer	ployees, and compliance with these standards is a anta Fe Massage and Wellness, you need to <i>carefully</i> an employee, you must do everything you can to make			
Following our standards of professionalism Smiling and making eye contact Arriving on time Maintaining a positive and enthusiastic attitude Being honest and dedicated to your work Maintaining a professional appearance and complying with company dress code	Meeting standards of quality and quantity Keeping cell phone use to a minimum Using proper phone etiquette Completing necessary training requirements Treating coworkers with respect Following company policies and procedures Expediting customer transactions and requests quickly and professionally			
Are you willing and able to comply with all the requirements lift your answer is no, or have concerns about being able to comexplain:				
Agreement of the Transfer of Information				
I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document of not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.				
I acknowledge that employment may be conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy.				
I acknowledge that if I become employed, I will be free to term Santa Fe Massage and Wellness retains the same rights.	ninate my employment at any time for any reason, and that			
I understand that theft or knowledge of theft of any property or result in prosecution.	services is grounds for immediate dismissal and may also			
Signature: Print Na	me: Date:			