

# Tranquility...for you

massage therapy

Employment Application

**PERSONAL INFORMATION** (Please print or type all information)

Date: \_\_\_\_\_

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Street Address:</b>	<b>City, State</b>	<b>Zip Code</b>

<b>Home Telephone:</b>		<b>Cell Telephone:</b>	
<b>Work Telephone:</b>		<b>E-Mail Address:</b>	

**Social Security Number:** \_\_\_\_\_

<b>Upon employment, can you show verification of your legal right to work in the United States?</b>	<b>Yes</b>	<b>Are you at least 18 years old?</b>	
	<b>No</b>	<b>Yes</b>	<b>No</b>

**POSITION APPLYING FOR:**

<b>Position Desired:</b>		<b>Salary Desired:</b> \$	
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**How were you referred?** Newspaper  Website  Employee Referral   
 Employment Referral  (provide name -->) Other  (provide info -->)

**Have you ever been employed by us before? If "Yes," give dates and department/location(s).** Yes  No

**Are you acquainted with or related to any employee of our company? If "Yes," identify by name and relationship.** Yes  No

<b>Date Available to Start:</b>		<b>Shift Preferred:</b>	
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**Available to work:** Full Time  Part Time  Temporary  Seasonal

**Days/Hours Available:** \_\_\_\_\_

**EDUCATION**

SCHOOL NAME	CITY, STATE	MAJOR COURSE OF STUDY	HIGHEST GRADE COMPLETED
<b>HIGH SCHOOL</b>			
<b>COLLEGE</b>			
<b>BUSINESS, TECHNICAL, TRADE SCHOOL</b>			

EDUCATION (continued)

<b>ACTIVITIES, HONORS, OFFICES HELD THAT ARE JOB RELATED (OMIT THOSE WHICH INDICATE RACE, RELIGION, ORIGIN, COLOR, SEX, AGE OR DISABILITY?)</b>
<b>DESCRIBE OTHER JOB RELATED TRAINING COMPLETED (OMIT THOSE WHICH INDICATE RACE, RELIGION, ORIGIN, COLOR, SEX, AGE OR DISABILITY?)</b>

U.S. MILITARY SERVICE

BRANCH/DUTY/LOCATION	MILITARY SPECIALTY	HIGHEST RANK	SPECIAL HONORS/TRAINING/SERVICE SCHOOLS ATTENDED

WORK EXPERIENCE (begin with most recent position)

EMPLOYER:		ADDRESS:	CITY, STATE:
PHONE NUMBER:		SUPERVISOR	MAY WE CONTACT
			Yes [ ] No [ ]
DATES EMPLOYED:		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	TO:	\$	\$
WORK PERFORMED			
REASON FOR LEAVING (be specific):			

EMPLOYER:		ADDRESS:	CITY, STATE:
PHONE NUMBER:		SUPERVISOR	MAY WE CONTACT
			Yes [ ] No [ ]
DATES EMPLOYED:		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	TO:	\$	\$
WORK PERFORMED			
REASON FOR LEAVING (be specific):			

EMPLOYER:		ADDRESS:	CITY, STATE:
PHONE NUMBER:		SUPERVISOR	MAY WE CONTACT
			Yes [ ] No [ ]
DATES EMPLOYED:		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	TO:	\$	\$
WORK PERFORMED			
REASON FOR LEAVING (be specific):			

<b>STATE WHETHER YOU HAVE EVER BEEN TERMINATED OR SUSPENDED FROM ANY PREVIOUS EMPLOYMENT AND DESCRIBE</b>

**SPECIALIZED SKILLS (Skills/Equipment Operated)**

WHAT PROFESSIONAL JOB RELATED LICENSES DO YOU HOLD (OMIT THOSE WHICH INDICATE RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, AGE, OR DISABILITY)?			
TYPING ABILITY?	DICTATION ABILITY?	KEY PUNCH?	TEN KEY ABILITY?
Yes [ ] No [ ] WPM _____	Yes [ ] No [ ] WPM _____	Yes [ ] No [ ] Key Strokes _____	By Touch [ ] By Sight [ ]

**ADDITIONAL INFORMATION**

WOULD YOU CONSIDER RELOCATION?	
Yes [ ] No [ ] If yes, please list limitations:	
WOULD YOU TRAVEL IF NECESSARY?	
Yes [ ] No [ ] If yes, please list limitations:	

**PERSONAL REFERENCES (Give names of three persons to whom you are not related and by whom you have not been employed)**

NAME/ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

**CONDITIONS FOR EMPLOYMENT: (please read the following statements carefully as they constitute conditions for employment)**

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any statements verified by Tranquility...for you Massage Therapy, Inc. (hereinafter "the Company"). I authorize the references listed above, as well as job-related information they may have. Further, I specifically indemnify and hold harmless the Company and its Members, Officers, agents, employees and representatives and all other parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the company or any of its Members, Officers, agents, employees or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my disqualification from hiring or, if I am hired, dismissal from employment. If hired, I agree to conform to the rules and standards of the Company as published and disseminated by the Company as the Company in its sole discretion, may change from time to time. I further agree that my employment and compensation can be terminated at will, with or without reason, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than the owner(s) or their designated representative, has the authority to enter into any agreement for employment for any specified period of time, or make any express or implied agreement for a specified time unless the owner(s) and I both sign a written agreement that clearly and expressly specified intent to do so. I agree that this shall constituted a final and fully binding agreement with respect to the at-will nature of my employment and that there are no oral or collateral agreements regarding this matter. I, also, understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and the completion of any other background check the Company may required, as well as satisfactory proof of my identity and legal authority to perform the duties I am assigned by the company in accordance with all applicable federal, state and local Governmental laws and regulations.

SIGNATURE	DATE

