

Full Name *

First Name Last Name

E-mail *

example@example.com

Phone Number *

Area Code Phone Number

Current Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Permanent Address, if different than current address *

Position Desired *

Date you can start *

Month Day Year

Salary Desired *

(Hourly and/or per massage appointment hour)

How did you hear about this opening? *

Massage School Graduation Date *

NYS MT License Number: *

Are you currently employed? *

Yes

No

May we contact your current employer? *

Yes

No

Have you attended college, and or Graduate School? * Yes No

If yes, name of school, dates attended, areas of study, degree received: *

Have you attended a trade or business school? * Yes No

If yes, name of school, dates attended, areas of study, degree received: *

Subjects of special study/research work or special training/skills. *

Please list your previous 3 employers from most recent. *

-

Employed *



Month Day Year

Employer Name *

Salary *

Position *

Reason for leaving *

Do you have more work experience? *

Yes

No

Employed From *



Month Day Year

-

Employed To *



Month Day Year

Employer Name *

Salary *

Position *

Reason for leaving *

Do you have more work experience? *

Yes

No

Employed From *



Month Day Year

-

Employed To *



Month Day Year

Employer Name *

Salary *

Position *

Reason for leaving *

Give the names of 3 people not related to you, whom you have known for at least 1 year.

1.

Full Name *

First Name Last Name

Phone Number *

Area Code Phone Number

Years Known *

How do you know this person? *

2.

Full Name *

First Name Last Name

Phone Number *

Area Code Phone Number

Years Known *

How do you know this person? *

3.

Full Name *

First Name

Phone Number *

Area Code

Phone Number

Years Known *

How do you know this person? *

Please upload current resume and cover letter *

Electronic Signature *

First Name

Last Name

By clicking the submit button, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This online application does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

I have read and agree to the above statement *

I agree

Print Full Name: _____ Signature: _____ Date: _____