

Application For Employment

 Last Name First Name Middle Initial Drivers License #

 Present Address City State Zip Code

 Permanent Address (if different from present address)

 Home Phone Cell Phone Email

 Date of Birth Citizenship SSN

How were you referred to us? Advertisement Employee Employment Agency Walk-In
 Craig's List School (provide name) _____ Other: _____

Please list any family or friends employed by Spavia: _____
Relationship

If hired, can you provide proof that you are legally able to work in the United States? Yes No

Have you ever been convicted of a criminal offense (*felony or misdemeanor*)? If yes, please state nature of offenses(s), date(s), city, state, and disposition on a separate sheet of paper. Note: An affirmative answer will not necessarily result in disqualification for employment. Yes No

Position Desired: Guest Advisor Esthetician Massage Therapist

What days and hours are you available to work?

Are you available for overtime?

Do you have Internet access?

Do you have reliable transport? If no, please explain:

Are you over 18 years of age?

When are you available to begin work?

****Please disclose any time-off requests within the first 90 days of employment (*approval is granted at the time of hire for all time-off requests within the first 90 days of employment*):**

Are you able to perform the essential functions for the position you are applying for? Yes No

Do you currently or in the past have any physical or medical problems or limitations that could impact your ability to perform your position's job requirements? Yes No

If yes, please explain: _____

(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)

Application for Employment

Skills - Guest Advisor Applicants Only

Are you able to operate a personal computer? Yes No

Software Strengths:

Please list any specific skills or training: What knowledge, special skills and/or individual capabilities you have which especially prepare you for the Guest Advisor position? _____

Education

Type of School	Name & location	# of years/hours completed	Graduated?	Degree/field of study	GPA
High School					
Massage and/or Esthetics School					
Jr. College and/or University					
Other Training or Education (explain)					

Employment History

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer.

In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g. volunteer experience, military service, experience gained over seven (7) years prior, etc.).

Attach an additional sheet if extra

Answer all of the following questions if you are applying for a professional, licensed or certified position

Are you licensed/certified for the position you are applying for? _____

Name of license/certification: _____

Issuing Date: _____ Expiration Date: _____

License certification number: _____

Has your license/certification ever been revoked or suspended? _____

If yes, please explain: _____

Employment History

Present Employer		
Company Name	Dates Employed From: To:	Starting Salary Ending Salary
Street Address	Position Title:	Hrs worked per week:
City, State, Zip Code	Specific Duties:	
Telephone:		
Supervisor:		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Employer 1		
Company Name	Dates Employed From: To:	Starting Salary Ending Salary
Street Address	Position Title:	Hrs worked per week:
City, State, Zip Code	Specific Duties:	
Telephone:		
Supervisor:		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Employer 2		
Company Name	Dates Employed From: To:	Starting Salary Ending Salary
Street Address	Position Title:	Hrs worked per week:
City, State, Zip Code	Specific Duties:	
Telephone:		
Supervisor:		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment History

Previous Employer 3		
Company Name	Dates Employed From: To:	Starting Salary Ending Salary
Street Address	Position Title:	Hrs worked per week:
City, State, Zip Code	Specific Duties:	
Telephone:		
Supervisor:		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Employer 4		
Company Name	Dates Employed From: To:	Starting Salary Ending Salary
Street Address	Position Title:	Hrs worked per week:
City, State, Zip Code	Specific Duties:	
Telephone:		
Supervisor:		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Employer 5		
Company Name	Dates Employed From: To:	Starting Salary Ending Salary
Street Address	Position Title:	Hrs worked per week:
City, State, Zip Code	Specific Duties:	
Telephone:		
Supervisor:		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment History

Previous Employer 6

Company Name	Dates Employed From: _____ To: _____	Starting Salary Ending Salary
Street Address	Position Title:	Hrs worked per week:
City, State, Zip Code	Specific Duties:	
Telephone:		
Supervisor:		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Previous Employer 7

Company Name	Dates Employed From: _____ To: _____	Starting Salary Ending Salary
Street Address	Position Title:	Hrs worked per week:
City, State, Zip Code	Specific Duties:	
Telephone:		
Supervisor:		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Periods of Unemployment: Please account for all periods of unemployment for past three (3) years beginning with your most recent period of unemployment

Dates Unemployed: From: _____ To: _____	Reason for Unemployment:
Dates Unemployed: From: _____ To: _____	Reason for Unemployment:
Dates Unemployed: From: _____ To: _____	Reason for Unemployment:

Other Information

Have you ever been self-employed? Yes No

If yes, what type of business? _____

From an employment perspective, what would you say are your greatest:

Strengths? _____

Weaknesses? _____

List any hobbies, community activities or special interests: _____

Professional & Personal References:

Please list at least three (3) persons NOT related to you as references. At least two (2) references must be professional in nature and only one (1) may be a personal reference. One of the professional references should be a former (or current) supervisor.

Name 1: _____

Telephone: _____

Years Known: _____

Relationship: _____

Name 2: _____

Telephone: _____

Years Known: _____

Relationship: _____

Name 1: _____

Telephone: _____

Years Known: _____

Relationship: _____

Comments:

I hereby certify that all information provided in this application is true and correct as of the date below. I authorize Spavia, or its affiliates, or agents to conduct any necessary background checks. I understand that any false information or consequential omission contained in this application would be cause for immediate termination or any subsequent agreement between myself and Spavia. The submission of this application does not obligate me or Spavia in any way or manner.

Print Name

Signature

Date

Applicant's Statement -

Please initial each numbered item as read

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by Spavia or its agents
2. _____ I authorize all the schools, persons, and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of Spavia, for use in deciding whether or not to offer me employment.
3. _____ I understand that Spavia is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis, or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if Spavia has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment, and my refusal to consent shall result in a refusal to hire, or if already employed, termination.
4. _____ I authorize Spavia to obtain a criminal background check for use in deciding whether or not to offer me employment.
5. _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless or the time elapsed before discovery.
6. _____ I understand that if hired, I am allowed to perform treatments within my home, as it is understood I may perform treatments for family, friends, neighbors etc. Under no circumstances am I allowed to talk about, market or solicit a home business at Spavia, or I will be terminated immediately. Marketing includes a car decal, brochures, business cards, internet or any other kind of marketing to promote a business.
7. _____ I understand that if hired, due to a conflict of interest, I am not allowed to work at another Massage Clinic, Day Spa or any Spa or Salon offering similar services at any time during my employment with Spavia. In certain circumstances, I may be allowed to do work at a Chiropractor's or specialty office with written approval from my Spavia owner. In all cases, this must not be within a 5 mile radius of any Spavia location.
8. _____ I have placed my signature in the area provided below only after I have completed the entire application to the best of my ability and have carefully read the foregoing seven statements.

Signature

Date

Print Name

Address:

Email: