



Please return completed application to: [careers@inspiredmassagetherapy.com](mailto:careers@inspiredmassagetherapy.com)

## Employment Application

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Desired Salary \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security \_\_\_\_\_

Are you a citizen of the United States? **YES** **NO**

If no, are you authorized to work in the U.S.? **YES** **NO**

Have you ever worked for this company? **YES** **NO**

If yes, when and what location? \_\_\_\_\_

Have you ever been convicted of a felony? **YES** **NO**

If yes, explain: \_\_\_\_\_

*MASSAGE AND SKIN THERAPISTS ONLY:*

Have you ever had any complaints against your license? **YES** **NO**

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate? **YES** **NO** Degree/Diploma: \_\_\_\_\_

College: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate? **YES** **NO** Degree/Diploma: \_\_\_\_\_

Trade/Other: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate? **YES** **NO** Degree/Diploma: \_\_\_\_\_

**References**

Please list three *professional* references:

(1) Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known \_\_\_\_\_

(2) Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known \_\_\_\_\_

(3) Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known \_\_\_\_\_



**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? **YES** **NO**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? **YES** **NO**

**MT ONLY: Please list all businesses/establishments at which you have practiced Massage Therapy:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have reliable transportation? **YES** **NO**

**Military Service**

Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Type at Discharge: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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



## PLEASE READ CAREFULLY

### APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Massage Heights (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant\_\_\_\_\_ Date: \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



Background Check Consent Form

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Please read and sign this form in the space provided below. Your written authorization is necessary for the completion of the application process.

I, \_\_\_\_\_, hereby authorize Massage Heights to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Massage Heights will utilize an outside firm(s) to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

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

Printed Name: \_\_\_\_\_