



We welcome your interest in employment with YOGA YOGA. Please complete the application and other information to the best of your ability. You may attach any additional information that you wish to provide to this application. Upon completion of the application, please deliver it to the receptionist. If you are mailing the application, please deliver to:

Please print and complete all items. This application is designed to assist you in presenting a complete record of your qualifications, and must be fully completed to be considered. Read each section carefully and answer questions accurately. It is the policy of YOGA YOGA to provide equal opportunity to all applicants and employees based solely on individual qualifications.

Personal information					
Name (last)		First	Middle		Telephone
					Home: () Other: ()
Email:					
Other names by which you are/ have been known:					
Present home address		street	city	state	zip code
Social security number	Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		If offered employment, can you prove citizenship or legal right to work in the united states? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below. Conviction of a felony is not an automatic bar from employment. All circumstances will be considered.					
Previously employed by YOGA YOGA? <input type="checkbox"/> Yes <input type="checkbox"/> no		If yes, what position: location from: to: Reason for leaving:			
Today's date _____			Date available _____		
Position applied for _____			Salary desired _____		
Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time					
Hours available	Sun Fri	Mon Sat	Tues	Wed	Thur
How did you hear about this position?					

Education History Please indicate the highest level or most significant event in your educational history.

Name of institution	City	State	Attendance Dates	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Degree	Major	Name used during attendance
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Employment/Reference Information

Please use an additional piece of paper if necessary. Please print neatly and use an ink pen. Expect every person to be contacted.

Previous work history-start with most recent job, then continue backwards.			
Date	Name & address employer/supervisor	Salary	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> no
From	Company	Start \$ Per	Reason for leaving
To	Supervisor telephone () Title/duties	Final \$ Per	What did you like about the position? Best _____ Least _____
Date	Name & address employer/supervisor	Salary	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> no
From	Company	Start \$ Per	Reason for leaving
To	Supervisor telephone () Title/duties	Final \$ per	What did you like about the position? Best _____ Least _____
Date	Name & address employer/supervisor	Salary	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> no
From	Company	Start \$ Per	Reason for leaving
To	Supervisor telephone () Title/duties	Final \$ Per	What did you like about the position? Best _____ Least _____

Professional References

We prefer that you list people with whom you have worked. Please do not list relatives or repeat people listed above.

1. Work
 Home

Name Street City/State/Zip Phone with area code

2. Work
 Home

Name Street City/State/Zip Phone with area code

3. Work
 Home

Name Street City/State/Zip Phone with area code

YOGA YOGA**Spa Therapist Application Questionnaire****Instructions:**

Please use a separate sheet of paper to answer this questionnaire. Submit your answers typed on that sheet and include your name, telephone number and e-mail address. Please type the number of the question and the question itself, underlined, above your answer. Thank you.

1. How long have you been practicing massage or providing esthetician services professionally?
2. Please list all the types and styles of massage you offer. If you are applying as an esthetician, describe the types of services you have offered.
3. What certifications do you hold and what specialized trainings have you completed?
4. Is your license current?
5. Have you ever participated as a trainer in a Wellness or Spa related program? If yes, please give details.
6. Are you interested in working in a yoga center in other areas in addition to providing massage? If so, please describe these work areas and the skills you could bring to these positions, either from massage-related or non-massage-related job experiences you possess.
7. If you are only interested in providing massage and other spa services, how many hours weekly can you effectively work?
8. Please detail your availability.
9. What is your current compensation rate? Please give specifics if you receive different compensations for different positions and employers.
10. What would be your desired base rate?
11. How would your clients describe you?
12. Do you have a yoga or self-care practice?
13. Is there anything else about yourself or your work that you would like to share?

****Important: Read All Certifications and Agreements and Sign On Last Page.****

Thank you!

Applicant's certification and agreement

Please read carefully, then sign below. Failure to sign application makes it null and void

Thank you for your application for employment with YOGA YOGA. Your signature below certifies that all the information provided as part of your application for employment, including without limitation, the information below, is true and complete to the best of your knowledge and that you have reviewed this entire document. Your signature below acknowledges that any false or misleading information in your application materials or interview may result in denial of employment or termination, if hired, and that any personal information requested below, including date of birth, is requested solely for identification purposes.

Your signature below also authorizes all persons, employers, supervisors, coworkers, schools, companies, corporations, organizations, courts, and any governmental, law enforcement, licensing and record-keeping agencies, and any other source of information to provide all information requested concerning your background, including any criminal records, to YOGA YOGA. Your signature further voluntarily and knowingly releases YOGA YOGA and any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law. Your signature certifies that you have read and understood this entire document and you agree that a copy of this document is as valid as the original.

Certification and agreement

I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's printed name

Signature of applicant as shown on social security card

Today's date

Interviewed by

Date

HOURS OF AVAILABILITY:

Weekdays: Mornings _____ Afternoons _____ Evenings _____

Weekends: Mornings _____ Afternoons _____ Evenings _____

REMARKS: