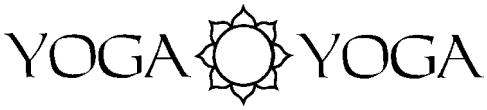
APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire
Equal Opportunity Employer



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		
Email:				Telephone Home: ( ) Other: ( )
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? ☐ Yes ☐ No	If offered employment, can you prove citizenship or legal right to work in the united states? ☐ Yes ☐No		
Have you ever been convicted of a felony? ☐ Yes ☐ 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? ☐ Yes ☐ no	If yes, what position: location from: to: Reason for leaving:			
Today's date_____		Date available_____		
Position applied for_____ Salary desired _____				
Status: ☐ Full time ☐ Part time				
Hours available	Sun Fri	Mon Sat	Tues	Wed Thur
Locations you are available to work at:	South	Westgate	North	Northwest 360
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? ☐ Yes ☐ No
Degree		Major		Name used during attendance

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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

Front Desk 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. What is your yoga background? How long have you been doing yoga and what styles have you practiced? What is your current personal practice?

2. Based on your experience interacting with our Front Desk Staff and/ or your customer service background, what do you think are the four most important parts of the Front Desk position?

3. Describe your experience with YOGA YOGA studios. Which teachers do you currently practice with and how have they influenced your Yoga practice? (If you have practiced elsewhere, please include that information.)

4. Which YOGA YOGA staff or teachers know you?

5. What Yoga books/ periodicals have you read? Which are your favorite and why?

6. What computer skills do you have? How often do you currently use a computer? Please list any software programs you are familiar with and note your level of experience.

7. Describe your business experience. What things do you like about business? What things do you dislike?

8. We are very interested in people working at YOGA YOGA who want to work here, and that can stay on and progress within our organization. What are your plans for your career? Do you consider this a short-term job, or are you interested in a longer term?

9. Describe your customer service background.

10. How do you enjoy spending your free time?

11. What do you find enjoyable about working with people? What do you find challenging?

12. Have you had many experiences working with the general public? Do you enjoy working alone?

13. Describe an organization that provides superior customer service. What makes them special?

14. Describe your personal sales philosophy.

15. What is unique about selling Yoga Yoga and our services

16. What steps are involved in selling Yoga Yoga's services?

17. Is there other information you'd like to add:

****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 you 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: