

# Touch to Heal Spa, LLC Employment Application



We appreciate your interest in Touch to Heal Spa, LLC (the "Spa") as a potential employer. Please complete all sections in ink or type, even if you attach a resume. Indicate "not applicable" as appropriate.

## PERSONAL DATA

Full Name	Personal E-mail
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Address (Street & No., Apt., City, State, Zip):

Mailing Address/Permanent Address, if different from above (No., Street, Apt., City, State, Zip Code)

Daytime Phone	Evening Phone or Cell
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The Spa is committed to a policy of equal employment opportunity for applicants and employees. Employment decisions will comply with all applicable laws prohibiting discrimination in employment, including Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, the Americans With Disabilities Act of 1990, the Immigration and Nationality Act, and any applicable state laws, except as may be exempted. When necessary and appropriate, we also make reasonable accommodations for disabled employees and for pregnant employees who request accommodations, with the advice of their health care providers, for pregnancy, childbirth, or related medical conditions.

Equal employment opportunity applies to all aspects of employment including recruitment, hiring, job assignment, training, benefits, compensation, discipline, social and recreational programs, and termination.

To comply with state and local "Fair Chance" laws, the Spa will consider qualified applicants, including applicants with criminal histories.

## WORK INFORMATION

Position(s) Desired: 1. _____ 2. _____	Date Available for Work	Expected Salary or Hourly Wage
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Please indicate types of employment desired.	<i>Please check as many as apply →</i>	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
	<i>Please check as many as apply →</i>	<input type="checkbox"/> Regular Schedule <input type="checkbox"/> No Regularly- Scheduled Hours	<input type="checkbox"/> Limited Term <input type="checkbox"/> Summer From: _____ To: _____	<input type="checkbox"/> Other:

If required, can you work weekends? <i>Please check all that apply →</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Only Saturdays <input type="checkbox"/> Only Sundays
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If required, can you work holidays? <i>Please check one →</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes    Restrictions:
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How did you hear about the Spa?	
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Have you ever applied to or worked for the Spa?	
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Do you have any friends or relatives working for the Spa?
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*(NOTE: The Spa may decline to hire relatives of present employees if doing so could result in an actual or potential problem, or create a conflict of interest.)*

Are you currently employed?	<i>Please check one →</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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# Application For Employment

## ABILITY TO WORK

Are you at least 18 years old? <i>(NOTE: If you are under 18, you will need to verify you are of minimum legal age to work.)</i>	Please check one →	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform, with or without accommodation, all of the tasks and duties assigned to the position you seek? Please describe the tasks or duties, if any, you will need accommodation to perform, and describe the type of accommodation you will need.  <i>(NOTE: We comply with the Fair Employment and Housing Act (FEHA) and Americans with Disability Act (ADA) and will consider reasonable accommodation measures that may be necessary for eligible applicants or employees to perform essential functions.)</i>	Please check one →	<input type="checkbox"/> Yes <input type="checkbox"/> No

## WORK REFERENCES (ATTACH ADDITIONAL PAGES IF NEEDED)

Name:			Cell Phone:	Day Phone:
Mailing Address:			E-mail:	Number of Years Acquainted:
			Relationship to Applicant:	
Name:			Cell Phone:	Day Phone:
Mailing Address:			E-mail:	Number of Years Acquainted:
			Relationship to Applicant:	
Name:			Cell Phone:	Day Phone:
Mailing Address:			E-mail:	Number of Years Acquainted:
			Relationship to Applicant:	
Name:			Cell Phone:	Day Phone:
Mailing Address:			E-mail:	Number of Years Acquainted:
			Relationship to Applicant:	

## EDUCATION (ATTACH ADDITIONAL PAGES IF NEEDED)

High School/Secondary Institution:	Number of Years Completed:	Received Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: (No., Street, City, State, Zip Code)		
College/University:	Number of Years Completed:	Major(s):
Address: (No., Street, City, State, Zip Code)		
		Received Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree Received:		
College/University:	Number of Years Completed:	Major(s):
Address: (No., Street, City, State, Zip Code)		
		Received Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree Received:		

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**PROFESSIONAL TRAINING, LICENSES, REGISTRATION OR CERTIFICATIONS HELD** (ATTACH PAGES IF NEEDED)

Name of License, Registration or Certificate (issuing state if different from California):	Expires (MM/YY):	
Name of License, Registration or Certificate (issuing state if different from California):	Expires (MM/YY):	
Name of License, Registration or Certificate (issuing state if different from California):	Expires (MM/YY):	
<i>Have you ever had a License/Certificate revoked or suspended?</i> <i>If yes, state the reason or reasons, date of revocation/suspension, and date of reinstatement:</i>	Please check one → <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had training in any of the following? <input type="checkbox"/> Deep Tissue <input type="checkbox"/> Hot Stone <input type="checkbox"/> Prenatal Massage <input type="checkbox"/> Body Mechanics		

**EMPLOYMENT HISTORY** (ATTACH ADDITIONAL PAGES IF NEEDED)

Please list all your employment for the past 6 years. You must complete this section even if you attach a resume.

Current/Most Recent Employer's Name:	Dates Employed: (MM/YY) From:      To:	Position: Supervisor:
Main Telephone: (      )	Supervisor's Telephone: (      )	
Address: (No., Street, City, State, Zip Code)	Reason for Leaving:	May we contact? ____ Yes    ____ No
Description of Position:		Scheduled Hours/Week:
Previous Employer's Name:	Dates Employed: (MM/YY) From:      To:	Position: Supervisor:
Main Telephone: (      )	Supervisor's Telephone: (      )	
Address: (No., Street, City, State, Zip Code)	Reason for Leaving:	May we contact? ____ Yes    ____ No
Description of Position:		Scheduled Hours/Week:
Previous Employer's Name:	Dates Employed: (MM/YY) From:      To:	Position: Supervisor:
Main Telephone: (      )	Supervisor's Telephone: (      )	
Address: (No., Street, City, State, Zip Code)	Reason for Leaving:	May we contact? ____ Yes    ____ No
Description of Position:		Scheduled Hours/Week:

**Application For Employment**

Previous Employer's Name:		Dates Employed: (MM/YY) From:            To:	Position: Supervisor:
Main Telephone: (            )	Supervisor's Telephone: (            )		
Address: (No., Street, City, State, Zip Code)	Reason for Leaving:	May we contact? _____ Yes    _____ No	
Description of Position:			Scheduled Hours/Week:

Have you ever been discharged from a prior position? *Please check one* →  Yes     No

If yes, please identify the position(s) and the circumstances surrounding the discharge.

**SKILLS** (ATTACH ADDITIONAL PAGES IF NEEDED)

Please describe your technology skills. If appropriate, please include keyboard WPM, software programs, hardware, programming languages, etc. Please attach an additional page if necessary.

List other skills and experience that would be applicable to the position you desire:

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW.**

\_\_\_\_\_ I hereby certify that all information in this Application for Employment is truthful, accurate, and complete and that I have not knowingly withheld any information that could adversely affect my chances for employment. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment with the Spa may result in rejection of this Application, or immediate discharge thereafter if I am employed with the Spa, regardless of the amount of time that has elapsed before discovery.

\_\_\_\_\_ I hereby authorize the Spa to contact my references. Further, I authorize the references I have listed to disclose to the Spa any and all information related to my employment history (with the exception of my pay history), without giving me prior notice of the disclosure. I also authorize the Spa to thoroughly investigate my work record, education and other matters related to my suitability for employment. In addition, I hereby release the Spa, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that if an employment relationship is created with the Spa the relationship will be at-will in nature, and either I or the Spa will be able to terminate the employment relationship at any time with or without cause and with or without notice. Only the Spa's Owner has the authority to enter into an employment agreement for a specified period of time, or to make an agreement for employment other than at-will. In order for such agreement to be valid, it must be in writing and signed by me and the Owner.

\_\_\_\_\_ To comply with federal law, all applicants hired will be required to verify identity and eligibility to work in the United States and complete the required I-9 form upon hire.

\_\_\_\_\_ I certify that I have personally completed and signed this Application for Employment. I have also attached my resume, as appropriate.

Print Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

***Thank you for your interest in Touch to Heal Spa, LLC!***

**NOTE:** A resume, references, or other documents pertaining to the Application for Employment may be attached. Attached documents may not act as a substitute for completing this Application for Employment in its entirety and signing it, or for following due diligence procedures for checking references and conducting a background check.