



# JOB APPLICATION

## Personal Information

Simply Massage Is An Equal Opportunity Employer

Last Name		First Name	
Present Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Phone No.	Referred By		

## Employment Desired

Position	Date You Can Start	Salary Desired
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Are You Currently Employed? YES NO	If So, May We Inquire Of Your Present Employer? If Yes, Include Name And Contact Info YES NO
Have You Ever Applied To Work At Simply Massage Before? YES NO	If So, Where And When?

## Education

	Name & Location Of School	Degree Earned
High School		
College		
Massage School or Other Educational Background		

## Massage Modalities

Modalities Plus Description:
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## Former Employers (List Below Last Four Employers, Starting with Most Recent One First)

Date	Name & Address of Employer	Salary	Position	Reason for Leaving
TO				
FROM				
TO				
FROM				

Date	Name & Address of Employer	Salary	Position	Reason for Leaving
TO				
FROM				
TO				
FROM				

**Professional References**

**Give The Names Of Three People, Not Related To You, With Whom You Have Worked In The Past.**

NAME	BUSINESS AND ADDRESS	PHONE NUMBER

**Authorization**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the owner.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE:	INITIALS:
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