



Employment Application

APPLICATION FOR EMPLOYMENT

This application must be completed in detail, signed by the applicant and returned to LaVida Massage.
Please fill out this form prior to an interview.

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____
 Permanent Address _____ City _____ State _____ Zip _____
 Temporary Address _____ City _____ State _____ Zip _____
 Social Security # _____ Date Temporary Address Effective _____ Date Temporary Address Expires _____
 Driver's License # (attach copy) _____ State _____
 Vehicle License # _____ State _____ Make _____ Model _____
 Day Telephone Number __ (____) _____ Evening Telephone Number __ (____) _____
 Internet Email Address _____

Have you ever applied to LaVida Massage before? _____ If yes, please provide the following details:

Date Applied: _____ Location: _____

Citizenship: U.S. Other (specify country) _____

Type of Visa (if not U.S. Citizen)

- Student (F-1) Exchange Visitor (J-1)
 Permanent Resident (Immigrant U.S.) Other (please specify) _____

How did you hear about LaVida Massage? _____

Employment History (Previous 5 years)

Dates	Employer and City	Job Duties

In case of emergency, please notify:

Last Name _____ First Name _____ Relationship to Student _____

Address _____

City _____ State _____ Zip _____ Telephone Number _____

References: Please list names and addresses of three references other than family members

Be sure to alert these people in advance that you have included them on your application and that a LaVida Massage representative may call them on your behalf.

Name _____ Address _____
 City _____ State _____ Zip _____ Phone Number _____

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 City _____ State _____ Zip _____ Phone Number _____

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 City _____ State _____ Zip _____ Phone Number _____

Have you ever been treated for any serious injuries in the last five years? Yes * No *If yes, please explain and give dates.

Do you have any afflictions or medical conditions which may hinder your work?* _____

*(A physician's release will be required prior to employment)

Do you have any special needs that we should be aware of? _____

Do you have any learning disabilities? If so, please describe. _____

Do you have any previous drug, alcohol, or substance abuse problems? _____

Are you in recovery for a substance abuse problem? _____

If so, will you submit to periodic drug testing? _____

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? _____

If yes, when and where? _____

***Education History:** (High School, College, and Vocational Schools)

*(copy of HS/GED/College Diploma or transcripts are required to be attached to this application)

School	Address	Dates Attended	Degree	Completed?

Describe your reasons for wanting to work at LaVida Massage.

Please explain your level and knowledge in the field of massage. _____

Please list any recent experience(s) in a health-related field (health-care, holistic health, health sciences, etc.):

Have you spoken to any LaVida Massage employees? _____ Have you spoken to practicing therapists? _____

What are your expectations of the position that you are about to enter into? _____

What are your expectations of LaVida Massage? _____

Have you received any other holistic health care treatments in the previous 12 months? Yes No If yes, what dates _____
_____ (receiving two professional holistic health care treatments is an admissions requirement)

What do you expect to earn in your new profession? _____

Is transportation an issue or concern while being employed at LaVida Massage? _____

Will you have any scheduling conflicts with your employment or other schooling? _____

Is childcare an issue or concern while being employed at LaVida Massage? _____

Which date do you wish to start at: _____

Anything else you would like to tell us about yourself? _____

Enclose the following:

Transcripts or diploma (highest earned)

Medical release (if applicable)

Copy of driver's license

Please contact us by phone to schedule an employment interview (in-person or by phone if out of area).

I have re-read this application and affirm that all questions have been answered and all information is true.

Please sign here _____ Date _____

FOR LaVida Massage ADMISSIONS USE ONLY

_____ Date application received

_____ Date application fee received

_____ Date approved _____ Date denied