



Elements Massage

Employment Application

Name _____ Date _____

Address _____
Street City Zip Code

Home Phone _____ Cell Phone _____

Email _____

Education _____
School Graduation Date Degree

Work Experience:

Employer Phone Number Job Title Dates of Employment

Employer Phone Number Job Title Dates of Employment

Hours Available:

Mon _____ Tues _____ Wed _____ Thurs _____ Friday _____

Every weekend? Y/N

Extracurricular activities, Hobbies, Community Involvement

Have you ever been convicted or accused of a crime? Yes No

If Yes, please explain _____

References:

Name Phone Number Title/Relationship

Name Phone Number Title/Relationship

Name Phone Number Title/Relationship

By signing this application I acknowledge that all of the above information is true and accurate to the best of my knowledge. I also consent to a background check by an independent company on behalf of Elements Massage.

Signature _____ Date _____