

UNDER OAK THERAPEUTIC MASSAGE OF NEEDHAM, LLC

D/B/A ELEMENTS MESSAGE

APPLICATION FOR EMPLOYMENT

Under Oak Therapeutic Massage of Needham, LLC does not discriminate in hiring on the basis of race, color, religious creed, national origin, age, sex, sexual orientation, disability, handicap, veteran status, or ancestry. No question on this application is intended to secure information to be used for such discrimination. We are also committed to employment practices which comply with the Americans with Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued or continued employment.

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Are you Authorized to work in the United States for any employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever been employed by another Elements Before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Your Name: _____

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DISCLAIMER AND SIGNATURE

PLEASE READ BEFORE SIGNING. If you have any questions regarding this statement, please ask them of an employment interviewer before signing.

In the event of my employment by Under Oak Therapeutic Massage of Needham, LLC I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees. Additionally, I authorize Elements Massage to supply my employment record, in whole or in part, and in confidence to any prospective employer, government agency, or other party with a legal and proper interest.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if discovered, affect this application unfavorably. I understand that answering any question(s) on this application falsely or receipt by the company of unsatisfactory references will constitute grounds not to employ me, or, if discovered after I am employed, may subject me to immediate discharge.

I understand that if (Corporate Name Here) extends an offer of employment to me, I may be asked to provide information for a full credit, drug and background check upon request. I have the right that (Corporate Name Here) completely and accurately disclose to me the nature and scope of this investigation. Such request must be made in writing to the owner within a reasonable time after the report has been received. I hereby release the Company from any liability with respect to such inquiries. I further release all such employers and educational institutions (and individuals acting on their behalf) from any liability arising from their response to such inquiries in connection with this application for employment. I also understand that pursuant to the provisions of the Immigration Reform and Control Act of 1986 I will be required to complete an Employment Eligibility Verification Form (I-9) and submit specific document(s) that establish my identity and employment after an offer of employment is made

I understand that my employment at (Corporate Name Here) is "at will" and may be terminated at any time, for any reason, with or without cause, by the company or myself.

I hereby acknowledge that I have read the above and understand the same.

I understand that this application is not and is not intended to be a contract or promise of any future benefits.

Signature

Date