

ETM MILWAUKEE, LLC – ELEMENTS THERAPEUTIC MASSAGE – WHITEFISH BAY, WI

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available			Desired Salary
Position Applied for	PART-TIME: (circle one) Front Desk Help Massage Therapist		
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

EDUCATION			
High School	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	GED? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
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. Do not include personal references like friends or family.</i>	
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

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"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contract.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I further understand that my employment with the Company shall be probationary of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

We assure you that your opportunity for employment with this Company depends solely upon your qualifications. Thank you for completing this application form and for your interest in our business.

Signature

Date