

THE BEST BODY CO.

 CLINIC & DAY SPA

Reception/Spa Assistant Application

Name: (please print) _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Referred By: _____

Availability

Any availability restrictions we should know about (i.e.: vacations, second jobs, school, etc.)?

Employment Desired

Position: _____ Start Date: _____ Salary Desired: _____

Are You Currently Employed? _____ May We Contact Your Present Employer? _____

Former Employment & Work References

#1

Employed From _____ to _____ Name of Employer: _____

Address of Employer: _____ Phone Number: _____

Position _____ Salary _____ Reason for Leaving: _____

#2

Employed From _____ to _____ Name of Employer: _____

Address of Employer: _____ Phone Number: _____

Position _____ Salary _____ Reason for Leaving: _____

#3

Employed From _____ to _____ Name of Employer: _____

Address of Employer: _____ Phone Number: _____

Position _____ Salary _____ Reason for Leaving: _____

Education History

High School: _____ Years Attended (i.e.1987-1991): _____

Did you graduate? _____ Subjects Studied: _____

College _____ Years Attended (i.e.2001-2004) _____

Did you graduate? _____ Subjects Studied _____

Other Qualifications

Do you have any other skills or job training that might be of special interest to this job (i.e.: trade school, business degree, etc)? _____

References

Please give the names of three persons not related to you, and whom you have known at least one year.

#1
Name: _____ Title: _____ Phone Number: _____

Business: _____ Address: _____ Years Known: _____

#2
Name: _____ Title: _____ Phone Number: _____

Business: _____ Address: _____ Years Known: _____

#3
Name: _____ Title: _____ Phone Number: _____

Business: _____ Address: _____ Years Known: _____

Authorization

"I hereby certify that the information I have given above is true and complete to the best of my knowledge, and understand that, if employed, falsified statements on this application will be grounds for dismissal.

I authorize investigation of all statements contained within this application, even the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release the company from all liability for any damage that may result from utilization of such information. 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 _____ Signature _____