



## Employment Application Form

(Must be completed by all applicants)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Hours Available to work:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Every Weekend? Y/N      Other

Please state the school you obtained your Massage Training with

Copy of Certificate attached YES / NO

Please list your State License Number as proof that it is in date . Copy Y / N

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Please state who your Liability Insurance is with and valid dates. Copy Y / N

Why should we employ you? What benefits or skills do you think you can contribute to our team?

Why do you want to leave your current job?

**Have you ever been convicted of a crime? Yes No**

**If yes, explain:** \_\_\_\_\_

**References:**

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<b>Name</b>	<b>Phone Number</b>	<b>Relationship</b>
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<b>Name</b>	<b>Phone Number</b>	<b>Relationship</b>
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**By signing this application below I acknowledge that all 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 Sandstone Therapeutic Massage.**

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<b>Signature</b>	<b>Date</b>
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**47220 West 10 Mile Road, Novi, MI. 48374**

**248-348-8770**

**[WWW.SandstoneMassage.com](http://WWW.SandstoneMassage.com)**