

# Kneaded Relief Day Spa & Wellness

Application for employment  
608-255-0070

**\*\*Please print information\*\***

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## Personal information

Full name: \_\_\_\_\_ Contact name \_\_\_\_\_

Present Street Address \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Additional contact info: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you under 18 years of age?    Yes    No    If Yes, list birth date \_\_\_\_\_

Are you eligible to work in the United States?    Yes    No

Have you ever been convicted of a felony or misdemeanor other than a traffic violation?    Yes    No

If yes explain: \_\_\_\_\_

What position are you applying for: \_\_\_\_\_ Full or Part Time:    Full    Part

Date Available \_\_\_\_\_ What type of pay/salary are you expecting? \_\_\_\_\_

Please indicate below the days and hours on those days that you would be available to work:

Monday            yes    no    Hours \_\_\_\_\_

Tuesday            yes    no    Hours \_\_\_\_\_

Wednesday            yes    no    Hours \_\_\_\_\_

Thursday            yes    no    Hours \_\_\_\_\_

Friday            yes    no    Hours \_\_\_\_\_

Saturday            yes    no    Hours \_\_\_\_\_

Sunday            yes    no    Hours \_\_\_\_\_

Have you ever applied at Kneaded Relief Day Spa before?    Yes    No

Where? \_\_\_\_\_ When? \_\_\_\_\_ Position? \_\_\_\_\_

Why have you chosen to apply at Kneaded Relief Day Spa? \_\_\_\_\_

Why do you feel you would be an asset to Kneaded Relief Day Spa? \_\_\_\_\_

What interests, hobbies, or extra curricular activities do you have (exclude those that are religious or ethnic in nature): \_\_\_\_\_

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Have you held any leadership positions? i.e. school, employment, clubs etc...      Yes      No

If yes briefly describe \_\_\_\_\_

What are some of your goals? \_\_\_\_\_

\_\_\_\_\_

What are some of the goals that you hope to achieve within the next year? \_\_\_\_\_

\_\_\_\_\_

What has prevented you from achieving these goals to date? \_\_\_\_\_

\_\_\_\_\_

If you were able to qualify for this opportunity, would any of the below be a problem and why?

❖ Scheduled hours once we have decided your schedule? Yes \_\_\_\_\_ No \_\_\_\_\_

❖ Working weekends Yes \_\_\_ No \_\_\_ If Yes Why? \_\_\_\_\_

❖ Working evenings Yes \_\_\_ No \_\_\_ If Yes Why? \_\_\_\_\_

❖ Show up to work on time? Yes \_\_\_ No \_\_\_ If Yes Why? \_\_\_\_\_

❖ Training classes outside of working hours? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Why? \_\_\_\_\_

❖ \_\_\_\_\_

❖ Providing own model for classes? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Why? \_\_\_\_\_

❖ Standing on feet? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Why? \_\_\_\_\_

Are you applying for a job or a career? Job \_\_\_\_\_ Career \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

If licensed, of the services we offer which do you not feel qualified to perform? \_\_\_\_\_

\_\_\_\_\_

What do you consider your strongest points? \_\_\_\_\_

\_\_\_\_\_

What do you consider your weakest points? \_\_\_\_\_

\_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work?      Yes      No

Explain \_\_\_\_\_

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Please Complete In Full – Even if Submitting Resume with Application.

### Employment history starting with the last one first

▪ **Business Name** \_\_\_\_\_ Address \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

▪ **Business Name** \_\_\_\_\_ Address \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

▪ **Business Name** \_\_\_\_\_ Address \_\_\_\_\_

Dates employed \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Job Title \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Are you employed now?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes can we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

### 3 References not related to you that you have known for 1 year.

	Name	Phone	Business	Years known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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### Education – High School / Cosmetology / College /Other

❖ High School \_\_\_\_\_ #of years attended \_\_\_\_\_  
Graduate? \_\_\_\_\_ Year \_\_\_\_\_ Subjects studied \_\_\_\_\_

❖ Are you a licensed Cosmetologist / Esthetician/ Nail Technician/ Massage Therapist? Yes No  
# \_\_\_\_\_ State \_\_\_\_\_

If so have you attended advance training? Yes No

Please list any advanced training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ Cosmetology/Esthetics/Massage/Nail School \_\_\_\_\_  
Graduate? Yes No If Yes month/year \_\_\_\_\_  
If not \_\_\_\_\_ # hours to date

❖ College/trade/other \_\_\_\_\_  
Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, 4yr \_\_\_\_\_ 2yr \_\_\_\_\_, Other, \_\_\_\_\_  
Degree Title: \_\_\_\_\_ Month/Yr \_\_\_\_\_

1. I authorize investigation of all statements contained on this application except where I have requested on this form that no investigation to be made.
2. I understand that misrepresentation of omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquiries.
3. I understand that nothing contained in this employment application or in the granting of an interview is intended to nor does it create an employment contract between the company and myself for either employment or the providing of any benefit. In the event that an employment relationship is established. I understand that I have the right to terminate my employment at any time for any reason or no reason, and the Company retains the same right regarding the discontinuation of my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE-EMPLOYER'S USE (to be filled in only AFTER hire)**

Date Hired \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Position \_\_\_\_\_ Signed \_\_\_\_\_