

Kneaded Relief Day Spa & Wellness

Application for Employment

608-255-0070

****Please print information****

Personal Information

Today's Date: _____

Full Name: _____ Preferred Name/Pronouns: _____

Present Street Address: _____

City: _____ State: _____ Zip: _____ Contact Phone: _____

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:

Position of Interest: _____ Date Available: _____

Full or Part Time: **Full** **Part** If PT, how many hours are you looking for? _____

What type of hourly pay are you expecting? (Please be specific) _____

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 your long-term 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? _____

❖ 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? _____

How do you feel about the following duties: laundry, cleaning of restrooms, showers, etc? _____

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

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 _____