

SISTER ROSALIND MESSAGE - APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Please Type or Print using ink only	GENERAL INFORMATION
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LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
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PRESENT ADDRESS	STREET	CITY	STATE	ZIP CODE	AREA CODE	TELEPHONE NUMBER
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PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE) STREET	CITY	STATE	ZIPCODE	AREA CODE	TELEPHONE NUMBER
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ARE YOU AT LEAST 16 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No HIRE SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No PROOF OF US CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT
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HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR PLED NO CONTEST TO A CRIME ? THIS INCLUDES ALL MISDEMEANORS (EXCEPT PARKING VIOLATIONS), GROSS MISDEMEANORS AND FELONIES. PLEASE BE SURE TO DISCLOSE ANY AND ALL CONVICTIONS. PLEA'S OF GUILTY AND PLEA'S OF NO CONTEST EVEN IF THE CONVICTION OR PLEA'S HAVE BEEN DISCHARGED, EXPUNGED OR OTHERWISE REMOVED FROM YOUR RECORD. A CONVICTION, GUILTY PLEA OR NO CONTEST WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT CONSIDERATION.

Yes No If yes, please explain _____

HAVE YOU EVER BEEN DISCIPLINED BY A PROFESSIONAL OR STATE ETHICS OR LICENSING BOARD?
 Yes No If yes, please explain _____

POSITION(S) DESIRED:	ARE YOU SEEKING <input type="checkbox"/> FULL TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY _____ # OF MONTHS AVAILABLE
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SHIFT(S) DESIRED:	SALARY DESIRED:	DATE AVAILABLE: (CHECK ONE) <input type="checkbox"/> IMMEDIATELY <input type="checkbox"/> UPON _____ WEEKS NOTICE <input type="checkbox"/> OTHER _____
DAYS AVAILABLE: <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT		

HAVE YOU WORKED FOR SISTER ROSALIND'S SCHOOLS AND CLINICS OF MESSAGE BEFORE? YES NO IF YES, WHEN? _____

HAVE YOU APPLIED AT SISTER ROSALIND'S SCHOOLS AND CLINICS OF MESSAGE IN THE PAST YEAR? YES NO IF YES, WHEN? _____

WHICH FACILITY _____ NAME (IF DIFFERENT THAN ABOVE): _____

HOW DID YOU HAPPEN TO APPLY FOR A POSITION HERE? _____	IF NEWSPAPER AD, WHAT PAPER? _____
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EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	
HIGH SCHOOL			9	10	11	12		
DIPLOMA PROGRAM, COMMERCIAL OR TECHNICAL COURSES			1	2	3	4		
COLLEGE OR UNIVERSITY		MAJOR:	1	2	3	4		
		MINOR:						
GRADUATE SCHOOL			1	2	3	4		
OTHER PERTINENT EDUCATION								

PROFESSIONAL APPLICANTS ONLY

City & State Licensed _____ Exp. Date _____ Massage Member Liability Insurance _____ Exp. Date _____

CLERICAL APPLICANTS ONLY

If you are applying for a clerical position:
 List office Skills (typing (WPM), Shorthand (WPM), Business Machine, Dictaphone, Word Processor, Medical Terminology, E _____)

EMPLOYMENT		Please give accurate , complete full-time and part-time employment record. Start with your present or most recent employer.
#1	Company Name	Telephone: ()
Address		Employed – (State Month & Year) From: To:
Name of Supervisor		Weekly Pay: Start: Last:
State Job Title and Describe Your Work		Reason for Leaving:
#2	Company Name	Telephone: ()
Address		Employed – (State Month & Year) From: To:
Name of Supervisor		Weekly Pay: Start: Last:
State job Title and Describe Your Work		Reason for Leaving:
#3	Company Name	Telephone: ()
Address		Employed – (State Month & Year) From: To:
Name of Supervisor		Weekly Pay: Start: Last:
State job Title and Describe Your Work		Reason for Leaving:
WORK REPLATED REFERENCES (No family members, relatives or personal friends)		
	NAME	TELEPHONE
		Telephone: ()
		Telephone: ()
		Telephone: ()
	DO NOT CONTACT	
We may contact the employers listed above unless you indicate those you do not want us to contact.	Employer(s): _____ Reason _____	

<p>I certify that, the information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p>If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If the report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.</p> <p>Date: _____ Applicant Signature: _____</p>		