

Application for Employment

Please complete this form electronically and e-mail as an attachment to info@miamicitymassageinc.net. Be sure to include your full name and a brief introduction in the body of the email.



Contracted position applying for:

Massage Therapist	Esthetician	Nail Technician
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Locations
(Willing/Able to Work in MCM Locations)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

In-Room
(Willing/Able to Work In-Room)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Availability	Mon	Tue	Wed	Thur	Fri	Sat	Sun
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>
	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>
	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>

Notes about schedule: _____

Do you speak English fluently? Yes No

Do you speak Spanish fluently? Yes No

Do you hold a valid license to practice in the State of Florida? Yes No

How did you hear about Miami City Massage? _____

Personal Information

Full Name: _____ Date: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ E-mail Address: _____

Cell Phone () _____

Date Available to begin work: _____ Social Security No.: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

Technical School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Modalities Practiced: _____

Getting to know you

List three words that best describe you:	
What motivates you?	
Why did you choose to go into the spa industry?	
How would your best friends describe you?	
Give us an example of a time when you provided excellent customer service:	
What is your favorite part of providing a service for someone?	
What additional training would you like to receive and/or what would you like to learn more about?	
What is your favorite food?	
What is your favorite flower?	
What is your favorite Miami restaurant?	

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Position: _____ Per service Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Position: _____ Per service salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to contract employment, I understand that false or misleading information in my application or interview may result in my release from any agreement or contract.

Signature: _____ Date: _____