



# MESSAGE EMPORIUM BATON ROUGE

## EMPLOYMENT APPLICATION

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Position applied for \_\_\_\_\_ Referred by \_\_\_\_\_

Full or Part Time \_\_\_\_\_ Desired Salary \_\_\_\_\_

Cosmetology License# (if applicable) \_\_\_\_\_ Other \_\_\_\_\_

Have you previously applied with Massage Emporium? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you eligible to legally work in the United States? \_\_\_\_\_

Have you been convicted of a state or federal felony? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Do you speak any foreign languages? \_\_\_\_\_

How did you hear about Massage Emporium/ The job opening? \_\_\_\_\_

Do you have any friends or relatives employed by us? If so, who?

Are you presently employed? \_\_\_\_\_ If so, name of business \_\_\_\_\_

May we contact your employer? \_\_\_\_\_

Date you can begin: \_\_\_\_\_ Are there any dates you know of at present that you would need off?

What days or times are you NOT available to work? \_\_\_\_\_

DL # \_\_\_\_\_ State \_\_\_\_\_ SS# \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell \_\_\_\_\_

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

Relationship to you \_\_\_\_\_



# EMPLOYMENT HISTORY:

Employments. You may add additional and use back of page if needed.

**Employer** (most recent) \_\_\_\_\_ Location \_\_\_\_\_

Your Position \_\_\_\_\_ Compensation \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employed From/To \_\_\_\_\_

Duties Performed \_\_\_\_\_

**Employer** \_\_\_\_\_ Location \_\_\_\_\_

Your Position \_\_\_\_\_ Compensation \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employed From/To \_\_\_\_\_

Duties Performed \_\_\_\_\_

**Employer** \_\_\_\_\_ Location \_\_\_\_\_

Your Position \_\_\_\_\_ Compensation \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employed From/To \_\_\_\_\_

Duties Performed \_\_\_\_\_

**Employer** \_\_\_\_\_ Location \_\_\_\_\_

Your Position \_\_\_\_\_ Compensation \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employed From/To \_\_\_\_\_

Duties Performed \_\_\_\_\_



# EDUCATION:

HIGH SCHOOL NAME \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Year Graduated \_\_\_\_\_

**COLLEGE OR SPECIALTY SCHOOLS:** *You may use the bottom of this page for additional information.*

Name of Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years Attended \_\_\_\_\_

Major \_\_\_\_\_ Degree Earned \_\_\_\_\_

Please list all advanced courses, training, educational seminars, and conferences you have attended:

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Please list all professional memberships that will be beneficial to your work in this position:

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Are you currently enrolled in school? \_\_\_\_\_

Name of Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years Attended \_\_\_\_\_

Degree or Certification or Field \_\_\_\_\_

Anticipated Completion \_\_\_\_\_

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# REFERENCES:

(include two professional references)

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

Title and/or relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

Title and/or relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

Title and/or relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Massage Emporium is an “At Will” Employer where the employer or the employee is free to terminate employment at will, at any time, with or without cause. I certify that the answers given are true and correct to the best of my knowledge. I authorize Massage Emporium to verify any representations made by me, either oral or written concerning personal employment, financial and/or other related matters as may be necessary in arriving at a decision for employment. I hereby release all employers, companies, corporations, credit bureaus, law enforcement agencies, schools, or persons from any, and all liability in responding to inquiries in connection with this application. In the event of employment, I understand that false or misleading information given in this application (or any interviews) may result in discharge.

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

**Office use only:**

Scheduled Interview Date: \_\_\_\_\_ by: \_\_\_\_\_

2<sup>nd</sup> Interview Date: \_\_\_\_\_ by: \_\_\_\_\_

Decision: \_\_\_\_\_ by: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_