



BODY

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EMPLOYMENT APPLICATION

PERSONAL INFORMATION

DATE _____

Name (Last, First Name)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number (home, work, cell)	Alternate Number (home, work, cell)	Referred By	

EMPLOYMENT DESIRED

Position	Start Date	Salary Desired
Are you currently employed?	If so, may we inquire of your present employer?	
Ever applied to BODY before?	When?	

EDUCATION HISTORY

Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

GENERAL INFORMATION

Subjects of Special Study, Research Work or Special Training/Skills

Continued on Other Side

FORMER EMPLOYERS (List Below Last Four Employers, Starting with Last One First)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List Names and Information of Three Persons Not Related to You, Whom You Have Known for At Least One Year

Name	Contact Information Address, Phone Number, E-mail	Relationship	Years Known

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release BODY Inc. from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of BODY Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized BODY Inc. representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE _____

DATE _____



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