

HOLISTIC MASSAGE & WELLNESS CLINICS INC.

Name: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell/Pgr. _____ Position _____

Are you presently employed? _____ Where? _____

Can we contact your present work place? _____ Date you can start: _____

PRESENT AND FORMER WORK PLACE INFORMATION (MOST RECENT FIRST)				
Dates	Name & Address	How Paid	Position	Why you left

Availability

Availability is the earliest time you could start working until the latest time you could stay

Office Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open 10:00 am							
Close 9:00 pm							

Education

Name, location and year of highest level of education _____

Name and Location of Applicable Training _____

List any extra training you have received or any special certifications you have earned _____

License # _____ Are you planning to attend school in the next 12 months _____

" I certify that the facts contained in this information sheet are true and complete to the best of my knowledge and understand that , if I enter into an independent contractor's agreement or employment with Holistic Massage & Wellness Clinics Inc. falsified statements on this information sheet are grounds for immediate termination of said contract.

I Authorize investigation of all statements contained herein and the references and former work places listed above to give any and all information concerning my previous work experience and pertinent information they may have, personal , or otherwise, and release the company from all liability and any damage that may result from utilization of such information.

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

Signature: _____ Date: _____