

Ten Thousand Waves Japanese Spa and Resort

Application for Massage Therapist and Esthetician Contractor

Name: _____

Address: _____

Phone #: _____ Email: _____

1) Are you applying for work as a Massage Therapist or Esthetician? _____

2) Have you ever applied to work at TTW before? Yes/No If yes, when? _____

3) Please circle the days you are available to work:

Mon Tue Wed Thur Fri Sat Sun

4) Are you able to work at least 3 evenings per week (the spa is open until 10:30pm)? Yes/No

5) Are you available to work weekends/holidays? Yes/No

6) Average hours per week desired: _____

7) Please indicate the modalities you are trained in or any special areas of knowledge:

8) Please indicate the languages you speak and your level of fluency:

9) Why would you like to work at Ten Thousand Waves?

Education

Please circle last level of education completed:

Some high school High School Some College

College Degree (BA or BS) Graduate School

Name of Massage School or Esthetics School:

Date graduated: _____

Number of hours completed in school: _____

Issue date of Massage Therapist or Esthetician license: _____

State that issued Massage or Esthetician license: _____

Employment History

Please provide information about your last three jobs (with the most recent listed first):

Most Recent Employer: _____ From: _____ To: _____

Phone #: _____ Name of Supervisor: _____

Position/Responsibilities: _____

Reason for leaving: _____

Pay Rate: _____

Second Most Recent Employer: _____ From: _____ To: _____

Phone #: _____ Name of Supervisor: _____

Position/Responsibilities: _____

Reason for leaving: _____

Pay Rate: _____

Third Most Recent Employer: _____ From: _____ To: _____

Phone #: _____ Name of Supervisor: _____

Position/Responsibilities: _____

Reason for leaving: _____

Pay Rate: _____

May we call your Supervisors now? Yes/ No

References:

Include only individuals familiar with your massage/facial work. Do not include relatives, or supervisors that are listed above.

Name Phone Number Years Known/Relationship

Name	Phone Number	Years Known/Relationship
1.		
2.		
3.		

I understand that any false information, omissions or misrepresentations of facts in this application, including any supporting documents, may result in rejection of this application or in discharge at any time during my contracting with TTW.

I authorize TTW to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage that might result from issuing this information.

Signature: _____ Date: _____

Please submit this application and your resume to the Therapy Department at TTW.

Physical address: Ten Thousand Waves, 21 Ten Thousand Waves Way, Santa Fe, NM 87501

Mailing address: Ten Thousand Waves, PO Box 10200, Santa Fe, NM 87504 attn: Jewel

Email: jewel@tenthousandwaves.com