



MASSAGE THERAPIST AND ESTHETICIAN CONTRACTOR APPLICATION

*Please complete in full. Missing information may reduce one's opportunity to be considered.
A resume may be attached, and previous references will be checked.*

Date of Application: _____

Name: _____

Primary Contact Phone Number: _____ Email Address: _____

Mailing Address: _____

For which position are you applying? ☐ Massage Therapist ☐ Esthetician

State(s) in which you are licensed or certified as a massage therapist or esthetician and issue date of license: _____

Have you applied to work at Ten Thousand Waves before? ☐ No ☐ Yes If yes, when? _____

Why are you interested in working at Ten Thousand Waves? _____

Last level of Education completed:

☐ Some high school ☐ High school ☐ Some College ☐ College (B.A. or B.S.) ☐ Graduate school

Name of Massage or Esthetics School: _____

Date Graduated: _____ Number of Hours Completed: _____

Modalities or any specialty areas of knowledge: _____

What is your work availability? Please check all that apply:

Mon: ☐ AM ☐ PM Tues: ☐ AM ☐ PM Weds: ☐ AM ☐ PM Thurs: ☐ AM ☐ PM

Fri: ☐ AM ☐ PM Sat: ☐ AM ☐ PM Sun: ☐ AM ☐ PM

Are you available to work: ☐ Holidays? ☐ At least 3 nights per week? ☐ Weekends?

Work Experience Provide information about your last three jobs (with most recent listed first):

☐ See Attached Resume

Most Recent Employer: _____ Length of Employment: _____

City and State: _____

Name of Supervisor: _____ Phone Number: _____

Position & Responsibilities: _____

Reason for leaving: _____

Pay Rate: _____

Email your Resume & Completed Application to THApp@tenthousandwaves.com or bring them to the spa front desk. If you have questions, call 505-992-5074.



Second Most Recent: _____ Length of Employment: _____

City and State: _____

Name of Supervisor: _____ Phone Number: _____

Position & Responsibilities: _____

Reason for leaving: _____

Pay Rate: _____

Third Most Recent: _____ Length of Employment: _____

City and State: _____

Name of Supervisor: _____ Phone Number: _____

Position & Responsibilities: _____

Reason for leaving: _____

Pay Rate: _____

May we call each of your previous supervisors now? ☐ No ☐ Yes **If no, please list name(s):**

References:

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

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

Do you have any family members who are employees of Ten Thousand Waves? ☐ No ☐ Yes

If yes, who? _____

Please indicate the languages you speak:

1. _____ ☐ Fluent ☐ Conversational ☐ Basic

2. _____ ☐ Fluent ☐ Conversational ☐ Basic

3. _____ ☐ Fluent ☐ Conversational ☐ Basic

I understand that any false information, omissions, or misrepresentations of facts in this application, whether on this document or not, may result in rejection of my application or 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 whatsoever for issuing this information.

Signature: _____ **Date:** _____

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