



## Application for Massage Therapist and Esthetician Contractor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

2) Have you ever applied to work at TTW before? \_\_\_\_\_  
If yes, when? \_\_\_\_\_

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

Mon   Tue   Wed   Thur   Fri   Sat   Sun

4) Are you available to work at least 3 nights per week?

\_\_\_\_\_

5) Are you available to work holidays?

\_\_\_\_\_

6) Average hours per week wanted by candidate:

\_\_\_\_\_

7) Please indicate the modalities you do or any specialty area of knowledge:

---

---

---

8) Please list states you are licensed or certified as a massage therapist or esthetician

---

9) Please indicate the languages you speak. How well do you speak them?

---

10) Why are you interested in working at TTW?

---

---

---

---

**Education:**

Please circle last level 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:

---

# Employment History:

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

**Most Recent Employer:** \_\_\_\_\_ From : \_\_\_\_\_ To: \_\_\_\_\_  
City and State \_\_\_\_\_  
Phone # \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Position/Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Pay Rate \_\_\_\_\_

**Second Most Recent Employer:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
City and State \_\_\_\_\_  
Phone # \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Position/Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Pay Rate \_\_\_\_\_

**Third Most Recent Employer:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
City and State \_\_\_\_\_  
Phone # \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Position/Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Pay Rate \_\_\_\_\_

May we call each of your Supervisors now?

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.		

I have been fully vaccinated for COVID-19 as of Date(s): \_\_\_\_\_

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: \_\_\_\_\_

**Email your Resume & Completed Application to: [therapy@tenthousandwaves.com](mailto:therapy@tenthousandwaves.com) or bring them to the Spa front desk. If you have questions, call 505-992-5061.**