



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.		

Have you been convicted of a crime in the past seven years? _____
If yes, please explain _____

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: _____

**Please fax Resume and Completed Applications to: 505-992-5079 or mail to
Ten Thousand Waves Attn: Therapy Dept P. O BOX 10200 Santa Fe, NM 87504**