

Employment Application



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MEDICAL SPA & JUICERY

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit

_____ City State Zip Code

Phone: _____ Email: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied For: Manager Massage Therapist Nurse Detox Coach

Are you a citizen of the United States? YES NO

If no, are you authorized to work in the US?

Have you ever worked for this company? If yes, when? _____

Have you ever been convicted of a felony?

If yes, please explain: _____

Employee Availability

Please select all that apply:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00am-12:00pm							
12:00pm-4:00pm							
4:00pm-8:00pm							

Education

High School: _____ Diploma: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Degree: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO

Other: _____ Degree: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO

References

Please list three professional references:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Dates Employed From: _____ To: _____

Reason for leaving: _____

May we contact previous supervisor for a reference? YES NO

Please list responsibilities:

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Dates Employed From: _____ To: _____

Reason for leaving: _____

May we contact previous supervisor for a reference? YES NO

Please list responsibilities:

Company: _____ Phone: _____

Address: _____

Job Title: _____ Supervisor: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Dates Employed From: _____ To: _____

Reason for leaving: _____

May we contact previous supervisor for a reference?

YES NO

Please list responsibilities:

Disclaimer and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. Unless I have indicated to the contrary, I authorize the verification of this information as may be necessary for the company (Pur Life Medical Spa) to make an employment decision. I understand that any misrepresentation, falsification, or omission of information on this application may prevent me from being hired, and in the event of being offered employment, may result in my dismissal.

If hired, I understand that my employment relationship with Pur Life Medical Spa is of an "at will" nature.

If I receive an offer for employment, nothing in this offer constitutes a guarantee of employment for any duration, position or schedule. Pur Life Medical Spa reserves the right to schedule employees as the business needs require.

I understand that my employment and compensation may be terminated at any time, with or without notice, with or without cause, by me or the company.

Additionally, I understand that my offer of employment is conditionally based upon my ability to provide satisfactory proof of my identity and my legal eligibility to work in the United States.

Signature: _____

Date: _____

Pur Life Medical Spa is an equal opportunity employer.

We consider applicants for all positions without regard to race, color, religion, creed, gender, sexual orientation, national origin, age, disability, martial or veteran status, or any other legally protected characteristic.