

Shuswap Bliss Day Spa & Massage

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	Province	Postal Code	
Phone	E-mail Address		
Position Applied for	Esthetician <input type="checkbox"/>	Registered Massage Therapist <input type="checkbox"/>	Receptionist <input type="checkbox"/>
Have you ever worked for Shuswap Bliss?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
How did you learn about employment opportunities at Shuswap Bliss?	Newspaper <input type="checkbox"/>	Our Website <input type="checkbox"/>	Family/Friend <input type="checkbox"/> Internet <input type="checkbox"/> Walked In <input type="checkbox"/>
Are you legally entitled to work in Canada?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you bondable? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have an Esthetics Certificate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Do you have your own transportation to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a Registered Massage Therapist in British Columbia? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
			Do you require smoking breaks? YES <input type="checkbox"/> NO <input type="checkbox"/>

APPLICANT AVAILABILITY							
When can you start work at Shuswap Bliss?							
Please check the appropriate boxes to indicate when your availability:							
Mornings/Afternoons before 2:30pm	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
Afternoons/Evenings after 2:30pm	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
Type of employment desired:	Part-Time <input type="checkbox"/>	Full-Time <input type="checkbox"/>	My first choice would be:		Morning/Afternoon <input type="checkbox"/>	Afternoon/Evening <input type="checkbox"/>	Either <input type="checkbox"/>
Are you willing to work split shifts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you willing to work holidays/weekends?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you presently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, do you currently work:		Part-Time <input type="checkbox"/>	Full-Time <input type="checkbox"/>	

EDUCATION			
Secondary School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, highest grade completed:
College/University		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma/Degree
Graduate/Technical School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Additional Training, Special Achievements, Certificates, relevant to position applied for			

REFERENCES	
Do you know anyone who currently works for Shuswap Bliss? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who?	
<i>Please list two professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT	
Company	Phone ()
Address	Name & Title of Supervisor
Job Title	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Name & Title of Supervisor
Job Title	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Name & Title of Supervisor
Job Title	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize management of Shuswap Bliss Day Spa & Massage to contact employers or persons named above for purposes of verifying this information and assessing my suitability for employment. This consent is valid during the consideration of my application, and, in the event I am hired, for the duration of my employment.

I understand that my application will be considered active for 90 days, after which I must submit a new application.

Signature

Date