



**MADISON'S DAY SPA &
BOUTIQUE, LLC.**

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EMPLOYMENT APPLICATION

Thank you for your interest in joining our team!

Please complete this Employment Application along with a copy of your Resume via mail, fax, or email.

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, veteran status, marital status, sexual orientation, or any other characteristic protected by law.

DATE OF APPLICATION: _____

POSITION(S) APPLIED FOR: _____

DESIRED SALARY / COMMISSION: _____

DESIRED SCHEDULE: _____

1. PERSONAL DATA

Name (first middle last) _____

SSN _____ E-mail Address _____

Address _____

City, State, Zip _____

Home Telephone _____ Cell _____

If employed, can you provide proof of U.S. citizenship? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____

Referred by: _____

2. EDUCATIONAL RECORD *(Attach additional sheet if necessary)* _____

University / College / Cosmetology / Massage School _____

Address _____

Dates Attended _____

Degrees or diplomas _____

Total Number of Hours _____ Year Completed _____

Licensed? Yes _____ No _____ California License Number _____

3. EMPLOYMENT HISTORY _____

Please begin with your most recent or current employer. Attach additional sheet if needed. If you do not wish us to contact your current employer, please be sure the state those wishes clearly to us.

1. Employer _____ **Dates of Employment** _____

Address _____

Telephone _____ Manager _____

Starting Salary / Commission _____ Ending Salary / Commission _____

Why did you leave? _____

2. Employer _____ **Dates of Employment** _____

Address _____

Telephone _____ Manager _____

Starting Salary / Commission _____ Ending Salary / Commission _____

Why did you leave? _____

3. Employer _____ **Dates of Employment** _____

Address _____

Telephone _____ Manager _____

Starting Salary / Commission _____ Ending Salary / Commission _____

Why did you leave? _____

4. PROFESSIONAL REFERENCES

Please list three PROFESSIONAL references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Name of Reference _____ Relationship _____

Work Phone _____ Home Phone _____

Business Name _____ Address _____

2. Name of Reference _____ Relationship _____

Work Phone _____ Home Phone _____

Business Name _____ Address _____

3. Name of Reference _____ Relationship _____

Work Phone _____ Home Phone _____

Business Name _____ Address _____

5. PERSONAL REFERENCES

Please list three PERSONAL references over the age of 18 (not family) who have known you at least two years.

1. Name of Reference _____ Relationship _____

Telephone Number _____ Occupation _____

2. Name of Reference _____ Relationship _____

Telephone Number _____ Occupation _____

3. Name of Reference _____ Relationship _____

Telephone Number _____ Occupation _____

6. ADDITIONAL PERSONAL INFORMATION

Have you ever been convicted of a crime (other than traffic violations) or have been imprisoned during the last seven years? (A conviction will not necessarily bar employment.)

If yes, explain: _____

7. MASSAGE TECHNICIANS ONLY

The City of Laguna Beach, in an effort to maintain the integrity of the City, has several requirements specific to the licensing of massage technicians. Please indicate whether or not you will be able to obtain the following in the event that you are hired:

- A. Written statements from five adult City of Laguna Beach residents stating the applicant is of good moral character. Statement must include name, address, phone number and must be signed.
Yes _____ No _____
- B. Written proof that the applicant is over the age of eighteen.
Yes _____ No _____
- C. Two recent portrait photographs, at least two by two inches (passport).
Yes _____ No _____
- D. A certificate (written on a doctors' letterhead or prescription pad) from a medical doctor stating the applicant has been examined within the last thirty days and has been found free of any contagious or communicable diseases.
Yes _____ No _____
- E. Copies of a diploma or certificate of graduation from a recognized school where the work of Massage Technician or Holistic Practitioner is taught. Transcript hours must exceed two hundred hours of instruction.
Yes _____ No _____

8. AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application are grounds for immediate dismissal. I understand that I am required to successfully pass a criminal background check and give such authorization for investigation. I further authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information regarding my previous employment and any pertinent information they ay have, personal or otherwise, and release Madison's Day Spa & Boutique, LLC from all liability for any damage that may result from utilization of such information."

"I also understand and agree that no representative of Madison's Day Spa & Boutique LLC has any authority to enter into any agreement for any specified period of time unless it is signed in writing by an authorized company representative. I understand that in order to be hired, I must provide the valid licenses required by the State of California and must meet the conditions set forth by the City of Laguna Beach. I understand that if hired I will be provided a job description, as well as terms and conditions of the at will employment in writing. I also understand that I will be required to sign an industry-standard non-competition agreement."

"Furthermore, I understand that if I am offered employment, that all employees are subject to a 30-day new-hire introductory period, after which suitability for regular employment will be decided by Madison's Day Spa & Boutique LLC. I understand that all employment is completely at the will of Madison's Day Spa & Boutique and I may be terminated at any time."

Applicant Signature

Print Name

Date