



HOT YOGA INC.

heat therapy

OFFICE ONLY
MGR _____ LOC _____

PLEASE TYPE ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Application for Employment

Applicants may be tested for illegal drugs.

PLEASE COMPLETE PAGES 1- 4

Date _____

Name _____
Last First Middle Maiden

Present Address _____
Number Street City State Zip

How long _____ Social Sec. No _____ - _____ - _____

Telephone _____ Email _____

If under 18, please list age _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days / Hours Available

No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____

Can you work nights? _____

Employment desired **Full-time only** **Part-time only**

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE CERTIFICATE
High School				
College				
Bus./Trade School				
Professional School				

Have you ever been convicted of a crime? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.



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Military

Have you ever been in the armed forces Yes No

Are you now a member of the national guard? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code _____ Phone Number _____	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address _____ City, State, Zip Code _____ Phone Number _____	Name of last supervisor	Employment dates From To	Pay or salary Start Final
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Name of employer _____ Address _____ City, State, Zip Code _____ Phone Number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____ Address _____ City, State, Zip Code _____ Phone Number _____	Name of last Supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? | Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

Candidate Name _____

Candidate's Signature _____



Date _____