



MJC Group, LLC

Employment Application

Position Applied for: _____ Date of Review: _____

How were you referred to us: _____

Applicant Data:

Full name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Pager/Other: _____

Email: _____

Date Available to Start: _____

Social Security #: _____ Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? Yes: _____ No: _____

If no, please explain: _____

Have you ever worked for this company? Yes: _____ No: _____

If yes, when? _____

Are you a citizen of the United States? Yes: _____ No: _____

If not, are you legally allowed to work in the United States? Yes: _____ No: _____

Type of employment desired:

Full-Time: _____ Part-Time: _____ Temporary: _____ Seasonal: _____

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes: _____ No: _____

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.



Driver's license number if applicable to position:

State: _____

Summarize Your Special Skills or Qualifications:

Previous Employment (begin with most recent position):

Dates of Employment: From _____ to _____

Position(s) Held: _____

Employer: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference? _____

Dates of Employment: From _____ to _____

Position(s) Held: _____

Employer: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference? _____



Dates of Employment: From _____ to _____

Position(s) Held: _____

Employer: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference? _____

Education

	Name of School	Years Attended	Diploma/Degree/Certificate Acquired
High School			
College / University			
Technical / Vocational			

Please list the massage modalities for which you are certified:

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am unemployed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____



Employment Application Disclaimer and Acknowledgement

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature

Date



Authorization to Release Information

I have applied for a position with MJC Group, LLC.

I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I hereby authorize the investigation of my past and present work, character, education, military and employment qualifications.

The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies, firms, companies, etc., from any damages resulting from providing such information.

This authorization is valid for 90 days from date below.

Please keep this copy of my release request for your files. Thank you.

Signature

Date

Consent for Drug/Alcohol Testing

I, _____, have been fully informed by my potential employer of the reasons for this urine test for drug and/or alcohol. I understand what I am being tested for, the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer and become part of my record.

If this test result is positive and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize these test results to be released to: MJC Group, LLC

Signature

Date