



BODY & MIND WELLNESS CENTER
Healthy, Beautiful and Happy!

1515 Second Street, Sarasota , FL 34236

www.bmwellnesscenter.com
bmwellnesscenter@gmail.com

941-444-0441

JOB APPLICATION FORM

Please complete entire application. Any missing information may affect your opportunity to be considered. Please, attach your resume to the application.

Today's Date: _____

Last Name: _____

First Name: _____

Middle Name: _____

Current Address: _____

Phone: _____

E-mail: _____

Best time for contacting you: _____

Position: FL **Licensed Esthetician / Facial Specialist** Circle preferred time: Full Time or Part Time

MY FL VALID ESTHETICIAN LICENSE NUMBER IS: _____

Date available : _____

Desired Wage Range: _____ per year

Desired pay per hour : _____

For **Part Time** circle the days when you are willing to work: **M** **Tu** **W** **Th** **F**

Circle if you agree to work **Full Time**, 5 days/week, **Monday – Friday** from **10 am to 6 pm**: **YES** **NO**

Circle, are you 18 or over years of age? **YES** **NO**

Circle, are you currently employed? **YES** **NO**

May we contact your present employer? **YES** **NO**

Have you convicted of a felony with the past 5 years (circle)? **YES** **NO**

If YES, please explain: _____

Education

High School

Name of the High School: _____

Address: _____

Graduated (circle): YES NO If yes, year of graduation: _____

Your earned diploma, certificate specialization is: _____

Vocational School

Name of the Vocational School: _____

Address: _____

Your earned diploma, certificate specialization is: _____

Graduated (circle): YES NO If yes, year of graduation: _____

Your earned diploma, certificate specialization is: _____

College/University

Name of the College / University: _____

Address: _____

Graduated (circle): YES NO If yes, year of graduation was: _____

Your earned diploma, certificate specialization is: _____

Please write down your licenses, certifications, seminars, special training:

Employment /Work Experience

Company name: _____

Address: _____

Phone Number: _____ E-mail: _____

Dates Employed: From: _____ To: _____

Position /Work performed: _____

Reason of leaving: _____ Rate of pay: _____

Company name: _____

Address: _____

Phone Number: _____ E-mail: _____

Dates Employed: From: _____ To: _____

Position /Work performed: _____

Reason of leaving: _____ Rate of pay: _____

Professional References

List 2 references, do not include family members or relatives, nor people residing with you:

Full name _____

Profession: _____ Place of Work: _____

Phone Number: _____ E-mail: _____

Full name _____

Profession: _____ Place of Work: _____

Phone Number: _____ E-mail: _____

Note: They can email written references to: bmwellnesscenter@gmail.com

Applicant's Statement

I certify that the information provided is true and complete, to the best of my knowledge.

I authorize the verification of this information as may be necessary by " Body & Mind Wellness Center" to make an employment decision.

I understand that any falsification or omission on this application may prevent me from being hired.

If hired, my employment relationship with employer is "at will" nature.

If I receive an offer for employment, the offer doesn't guarantee the employment for any duration, position, or schedule. The offer is just an offer. If you accept the offer, the company will take in consideration possibility of the employment.

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

I understand that my offer of employment is conditionate by my ability to provide proof of my identity and legal eligibility to work in the United States.

Applicant Signature ,

Date: _____

BOBY & MIND WELLNESS CENTER LLC is equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, reed, gender, sexual orientation, national origin, age, disability, marital or veteran status, or any other legally protected characteristics.

BOBY & MIND WELLNESS CENTER LLC address is: 1515 Second Street, Sarasota, FL 34236
E-mail: bmwellnesscenter@gmail.com Visit website: www.bmwellnesscenter.com
Office Phone: 941-444-0441 Cell Phone: 570-540-6653 General manager: Dumitru Asanache

Do Not Call

Note: Please, send/email/mail this application together with your Resume. Thank you !

Are you interested to be paid/work based on commission 35-45%? Circle : Yes No
Are you interested to rent the business / to have your own business? Circle: Yes No