



INTERNATIONAL PROFESSIONAL SCHOOL OF BODYWORK
 MASSAGE THERAPY CENTER

EMPLOYMENT APPLICATION

***IPSB College is an equal opportunity employer and complies with all laws prohibiting discrimination.**

Name: _____ Home Phone: _____

Address: _____ Alternate Phone: _____

_____ E-mail: _____

City State Zip Code

Other names under which you have been employed? _____

Have you ever been employed by IPSB? Yes No When? Mo./Yr _____

Position Desired _____ Salary _____

What day(s) and shifts are you available to work?

Mon-AM Tues-AM Wed-AM Thurs-AM Fri-AM Sat-AM Sun-AM

Mon-PM Tues-PM Wed-PM Thurs-PM Fri-PM Sat-PM Sun-PM

Do you have a relative(s) or domestic partner currently employed by IPSB? Yes No

If yes, please list their name(s) and relationship to you on the lines below.

Name	Relationship

If offered employment, can you present proof of citizenship for the legal right to work in the US? Yes No

Have you ever been convicted of a crime? (**Do not respond concerning the following:** arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.) Yes No

If yes, what was (were) the offense(s)? _____

Date(s) and place(s) of conviction: _____

***Accreditation requirements mandate knowledge of an employee's prior history with regards to certain violations of federal and/or state law.**

A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Factors such as age at the time of the offense and relevance to the job for which you are applying, seriousness and nature of the offense, and rehabilitation will be taken into account.



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Education / Training

(Where did you learn to teach? CEU, Seminars, Formal Teacher Training Programs)

Name of School	Location (City, State)	No. of Years Completed	Did You Graduate?	Degree, Diploma, or Certificate received
High School		9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending	
College/University		1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Other School/Training		From To Mo/Yr – Mo/Yr		
Other School/Training		From To Mo/Yr – Mo/Yr		
Other School/Training		From To Mo/Yr – Mo/Yr		

Are you Nationally Certified for Therapeutic Massage and Bodywork? Yes No Date _____

Publications, Awards & Honors: _____

Professional Affiliations: _____

Professional Licenses or Registrations: _____

Give any additional job related information (including volunteer or paid) such as but not limited to, the following: Construction, maintenance, mechanical, clerical, accounting, languages, public contact, public speaking, etc. **OR** additional information that you feel the company should know in considering you for employment.



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Prior Work and/or Practical Experience Related To Subjects Taught

1. Employer Name & Phone #	Dates Employed	Hours Per Week	May We Contact
	From (Mo/Yr) – To (Mo/Yr)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Job Title	
City, State, Zip Code		Supervisor's Name	
Describe Duties		Reason for Leaving	

2. Employer Name & Phone #	Dates Employed	Hours Per Week	May We Contact
	From (Mo/Yr) – To (Mo/Yr)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Job Title	
City, State, Zip Code		Supervisor's Name	
Describe Duties		Reason for Leaving	

3. Employer Name & Phone #	Dates Employed	Hours Per Week	May We Contact
	From (Mo/Yr) – To (Mo/Yr)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Job Title	
City, State, Zip Code		Supervisor's Name	
Describe Duties		Reason for Leaving	



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4. Employer Name & Phone #	Dates Employed From (Mo/Yr) – To (Mo/Yr)	Hours Per Week	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Job Title	
City, State, Zip Code		Supervisor's Name	
Describe Duties		Reason for Leaving	

My signature below signifies my knowledge of and agreement to the following:

- I certify that all statements given on this application are true, correct, complete and without omission. If employed, I realize that falsified statements or material fact or omissions on the application may be considered sufficient cause for employment termination.
- If employed, falsification or misrepresentation of *any other personnel and/or IPBS record* may result in my discharge.
- Nothing in this employment application is intended to create a contract.
- In the event of employment, I agree to abide by all present issued rules of the company.
- I understand that IPSB is an "At Will" employer. In the event of employment, it will be at the mutual consent of the employee and IPSB and may be terminated at any time, with or without cause, by either party. No one at IPSB has authority to make any arrangement with any employee contrary to the foregoing.
- I authorize my present and former employers, schools and personal references to provide any information regarding myself for IPSB employment purposes, whether or not it is in their records. I hereby release them and their company from all liability for issuing same.
- Also in the event of employment, IPSB, or any person it may authorize, shall be entitled without further consent to copyright, sell or use in any manner, a photograph, video, or voice recording of me for IPSB College educational and/or marketing related purposes only. This consent remains in effect even after employment ends, should I be offered employment with IPSB.

Applicant signature

Date

***REMINDER: Have you left any lines on this application blank?**
 If any items are not applicable write N/A in the space.



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Human Resources Department Statistical Information

To further its commitment to equal employment opportunity, IPBS requests that applicants voluntarily complete the following questionnaire. This information will be separate from the application and will be available for research purposes ONLY. Your cooperation is essential to the success of this program. This information is confidential and will have absolutely no effect in our selection process. Thank you for your cooperation.

Name: _____ Social Security # _____

Position Applied For: _____ Birthdate: _____
(If under 21)

Male Female

Are you a U.S. Citizen? *Yes No

*(Non-Citizens must present valid documentation permitting them to be employed in the U.S.)

Disabled Vietnam Era Veteran Disabled Veteran

Race / Ethnic category (Please check one box ONLY)

BLACK, not of Hispanic origin--Persons having origins in any of the Black racial groups of Africa.

HISPANIC--Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.

ASIAN or PACIFIC ISLANDER--Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

NATIVE AMERICAN, AMERICAN INDIAN or ALASKAN NATIVE--Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

WHITE, not of Hispanic origin--Persons having origins in any of the original peoples of Europe, North Africa or Middle East.

I FIRST LEARNED OF THIS JOB OPENING THROUGH (Check one ONLY):

A friend or relative

Contact with an Employee

An advertisement (newspaper, publication, etc.) specify which _____

Web Site

Other, specify _____

Sign On San Diego

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

Applicant Signature

Date