



**S&S MedSpa Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Desired Schedule:

- Full-Time
- Part-Time
- PRN
- Contract/1099 (if applicable)

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address:

\_\_\_\_\_  
\_\_\_\_\_

Are you legally authorized to work in the United States?

- Yes  No

Have you ever worked for S&S MedSpa before?

- Yes  No

If yes, when and in what role?

\_\_\_\_\_



Do you have any relatives currently employed by S&S MedSpa?

Yes  No

If yes, please list:

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**Education**

High School:

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Graduated?

Yes  No

College/University:

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Degree

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Graduated?

Yes  No

**Professional License/Certification (if applicable)**

Type (RN, APRN, LPN, LE, CMA, CNA, etc.):

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License/Certification Number:

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State Issued:

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Expiration Date:

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Additional Certifications (laser, phlebotomy, IV certification, etc.):

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**Employment History**

Most Recent Employer

Employer Name:

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Position Held:

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Supervisor Name:

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Phone Number:

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Dates Employed:

From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving:

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Responsibilities:

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Previous Employer

Employer Name:

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Position Held:

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Supervisor Name:

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Phone Number:

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Dates Employed:

From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving:

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Responsibilities:

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References

Professional Reference #1

Name:

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Relationship:

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Phone Number:

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Email:

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Professional Reference #2

Name:

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Relationship:

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Phone Number:

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Email:

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Professional Reference #3

Name:

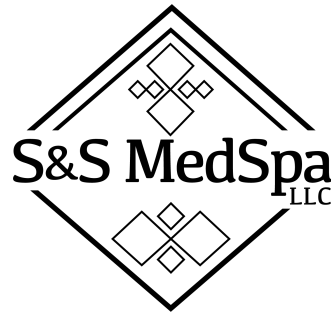
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Relationship:

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Phone Number:

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Email:

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Additional Questions

Why would you like to work at S&S MedSpa?

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What strengths would you bring to our team?

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Are you comfortable working in a fast-paced environment with medical and aesthetic services?

Yes  No

Are you willing to participate in ongoing training, including laser safety, OSHA compliance, and patient care protocols?

Yes  No

Do you have experience with:

Facials

Laser Treatments

Phlebotomy

IV Therapy

Medical Weight Loss

Hormone Therapy

Front Desk/Reception

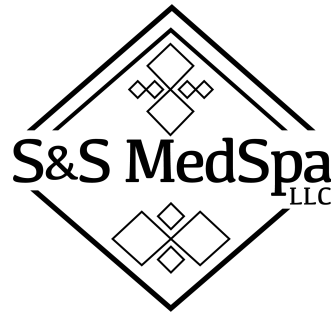
Sales/Membership Programs

Social Media/Marketing

Please explain:

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**Availability**

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

**Applicant Statement**

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification from employment consideration or termination of employment if discovered after hire.

I authorize S&S MedSpa to verify the information provided and to contact references and previous employers as necessary.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email completed applications to [contact.us@ssmedspa.org](mailto:contact.us@ssmedspa.org)  
or text us at 620-381-7767.