



**AgeLess Integrative Medical Spa**  
**AgeLess SPA at Radisson Hotel Corning**  
**AgeLess SPA at Tioga Downs Casino & Resort**

Position you are applying for: \_\_\_\_\_ Preferred Location: \_\_\_\_\_

Available start date: \_\_\_\_\_

What is your work shift availability: \_\_\_ Days \_\_\_ Evenings \_\_\_ Weekends \_\_\_ Open Availability  
 \_\_\_ Specific Timeframes

Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays

Are you applying for: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Seasonal

**Personal Information:**

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Last Name                      First Name                      Middle

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Address                      City                      State                      Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you prefer to be contacted on your home phone, cell phone, or email? \_\_\_\_\_

**Education:**

School Name	Years Attended	Degree Received	Major



**AgeLess Integrative Medical Spa  
AgeLess SPA at Radisson Hotel Corning  
AgeLess SPA at Tioga Downs Casino & Resort**

Other training, certifications or licenses held:

---

---

---

**Employment History:**

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Phone number: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Supervisors Name and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact them? ( ) Yes ( ) No

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Phone number: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Supervisors Name and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact them? ( ) Yes ( ) No



AgeLess Integrative Medical Spa  
AgeLess SPA at Radisson Hotel Corning  
AgeLess SPA at Tioga Downs Casino & Resort

**References:**

Name	Title	Company	Phone

**Acknowledgement and Authorization:**

Please read and check each box:

- I Certify that all answers are given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I authorize AgeLess SPA to conduct a background check on me at their discretion which contains name only searches which may result in a report being generated containing criminal history records. I hereby release and agree to hold harmless from liability AgeLess MMC, LLC employees, and any other person or organization that may provide such information.
- In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge.

\_\_\_\_\_  
Applicant Name (Print)

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

\_\_\_\_\_  
Date