

ENERGY EXCHANGE APPLICATION FORM

Name: _____ Date: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Interested in:	Shift:	Days Available:
<input type="checkbox"/> Cleaning	<input type="checkbox"/> AM	<input type="checkbox"/> Weekends (please specify: _____)
<input type="checkbox"/> Reception	<input type="checkbox"/> PM	<input type="checkbox"/> Weekdays (please specify: _____)

Please answer the following questions

How did you hear about the Energy Exchange Program?

What appeals to you most about the Energy Exchange Program?

Is there anything that you think might interfere with completing your Energy Exchange position such as school, work commitments, family obligations, etc.?

What are your interests outside of yoga?

Do you have any medical or health issues we should be aware of?

What do you hope to gain from participating in the Energy Exchange Program at the studio?

What past or present school/work/life experiences can you bring to the Energy Exchange Program?

How long do you envision yourself in this position?

When complete please e-mail to: info@mokshayogamississauga.com or drop it off at reception desk.
Thank you for your interest in the Energy Exchange Program!

CONFIDENTIAL - For Office Use Only

CONTRACT - For Office Use Only

In exchange for unlimited yoga, I _____ agree to the following:

DURATION OF CONTRACT

I am able to commit to a minimum of 6 months from the date indicated below.

I agree to provide 2 weeks notice prior to resignation from the Energy Exchange Program.

WORK SCHEDULE

I am able to work the shift and set hours as specified below.

Whenever possible, I will make every effort to cover my shift in the event that I am unable to perform my trade.

REFERENCES

Please indicate a minimum of two personal/professional references:

Applicant

Date

We appreciate your interest in the Energy Exchange Program
and look forward to having you join our team!

Type of Trade:	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Reception		
Day of week:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	
	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Shift:	<input type="checkbox"/> AM	<input type="checkbox"/> PM		