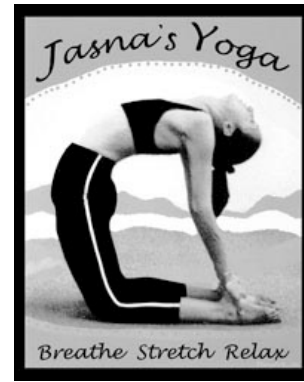


YOGA TEACHER TRAINING APPLICATION

Houston, Texas
Office: 281-469-8125
Fax: 281-469-8077
E-mail: Thouart5@thouart.com
www.jasnasYoga.com



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(Please **PRINT** legibly or type)

Application Date: _____

Date Available to Start Teacher Training: _____

Social Security Number: _____

D.O.B.: ____/____/____

How did you hear about our program: _____

Which Browser did you use to find us: Google____ Yahoo____ Bing____ Other _____

Check Option 1: 6 mos. Accelerated 200-Hour Certification

Check Option 2: 12 mos. Standard 200-Hour Certification

PERSONAL DATA:

Name: _____ (last) _____ (first) _____ (middle)

Additional names that may appear on records: _____

Present Address: _____

Permanent Address: _____

Present Phone Number(s): _____ (home) _____ (work) _____ (cell)

Personal Email: _____ Alternate Email: _____

MEDICAL HISTORY:

Is there any reason, including medical, which would interfere with your ability to participate in our teacher-training program? Circle: Yes or No

Please explain _____

Have you ever been convicted of a crime or accused of any dishonesty? Circle: Yes or No

Please explain _____

EDUCATIONAL BACKGROUND:

College/University Attended: _____ From: _____ To: _____ Degree: _____

College/University Attended: _____ From: _____ To: _____ Degree: _____

Graduate of which High School: _____ City: _____ State: _____

CERTIFICATION AREAS:

List other Certifications you presently have:

- 1. Type of Certificate: _____ School or Location: _____ Hours: _____
License number _____ Issuing authority _____ State _____
- 2. Type of Certificate: _____ School or Location: _____ Hours: _____
License number _____ Issuing authority _____ State _____
- 3. Type of Certificate: _____ School or Location: _____ Hours: _____
License number _____ Issuing authority _____ State _____

WORK HISTORY (Last 7 year's minimum. Use back if needed):

- 1. Employer Name: _____ Position _____
Address: _____ From _____ To _____
- 2. Employer Name: _____ Position _____
Address: _____ From _____ To _____
- 3. Employer Name: _____ Position _____
Address: _____ From _____ To _____

PROFESSIONAL REFERENCES (All 3 references must be non-family/non-relatives):

- 1. **Name:** _____ **Position:** _____
Address: _____ **Home/Work Phone:** _____
Email: _____
- 2. **Name:** _____ **Position:** _____
Address: _____ **Home/Work Phone:** _____
Email: _____
- 3. **Name:** _____ **Position:** _____
Address: _____ **Home/Work Phone:** _____
Email: _____

I certify that the above information to the best of my knowledge is true, accurate, and complete. I authorize ThouArt, LLC to contact the listed references, contacts and to do background checks and I hereby release, indemnify and hold harmless ThouArt, LLC and its members from any liability arising from doing so. I understand that any falsification, misrepresentation or willful omission of facts shall be sufficient cause for disqualification or termination from the program upon discovery of such facts. ThouArt, LLC reserves the right to deny or revoke participation for any reason without notice. No refunds are offered except that a 75% refund is available for the Teacher Training program during the first week after acceptance into the Teacher Training program. After the seventh day from the Effective Date of the Confidentiality and Non-Compete Agreement, or first participation in the teacher-training course, whichever is earlier, no refund will be given. If you drop out of the course after the seventh day and later wish to re-enter the course to complete Teacher Training Certification, you may not be credited for any funds previously paid and a full new tuition may be required at the sole discretion of ThouArt, LLC. Credit for work previously completed. If you do not attend four or more classes within any ninety (90) day period, and those classes are unexcused absences, you may be unilaterally withdrawn from the teacher-training program at the sole discretion of ThouArt, LLC. You must request excused absences in writing within three days of missing a class. In any event, you must request readmission in writing within ninety (90) days of either voluntarily leaving or being terminated from the program. This is not an application for employment.

I agree to adhere to ThouArt, LLC Code of Ethics and I will not compete with ThouArt, LLC dba Jasna's Yoga.
Please read and sign the Confidentiality and Non-Solicitation Agreement along with the Code of Ethics Statement available on line at www.JasnasYoga.com see forms page.

Signature of Applicant: _____ Date: ____/____/____
Print Name: _____

ThouArt, LLC dba Jasna's Yoga is an equal opportunity service and operates all of its programs without discrimination on the basis of race, national origin, religion, gender, age, sexual orientation, or disability. - Namaste