



## APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, sexual orientation, ancestry, physical or mental disability, or veteran status.

First Name:	Last Name:	Middle Name:	
Address:	City:	State:	Zip:
Social Security #:	Cell Phone:		
Email:	Your available start date:		
Position	MA# (LMTs)		

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Have you ever been convicted of a non-traffic related misdemeanor or felony? (This will not necessarily affect your application.)  Yes  No

*\*If yes, provide dates and details:* \_\_\_\_\_

Have you ever had a state license suspended or revoked?  Yes  No

*\*If yes, provide dates and details:* \_\_\_\_\_

Have you ever been employed by Massage Studio previously?  Yes  No

*\*If yes, provide dates of employment:* \_\_\_\_\_

### AVAILABILITY

Type of employment you seek:  full-time employment (30 – 40 hours) –or–  Part-time employment (15-29 hours).

***\*Must be able to work a minimum of 3 days, including Saturday or Sunday.***

Please provide your availability for each day (if you available anytime, simply write “any” in each daily column):

Monday	9AM – 10PM		Friday	9AM – 10PM	
Tuesday	9AM – 10PM		Saturday	9AM – 8PM	
Wednesday	9AM – 10PM		Sunday	9AM – 8PM	
Thursday	9AM – 10PM				

### EDUCATION

Education Level	School Name and Location	Year(s) Attended	Degree/License
High School			
Massage Therapy School or Training Program			
College			

**EDUCATION CONTINUED**

Education Level	School Name and Location	Year(s) Attended	Degree/License
Other			

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

**MASSAGE THERAPY MODALITIES**

We are dedicated to training the right candidate regardless of your skill level. Please give us an accurate overview of your modality strengths and weakness through your own self-assessment below on a level of 1-5.

*1= Not Comfortable, 5 = Very Comfortable*

Swedish: \_\_\_\_\_ Hot Stone: \_\_\_\_\_ Neuromuscular: \_\_\_\_\_  
Deep Tissue: \_\_\_\_\_ Reflexology: \_\_\_\_\_ Lymphatic: \_\_\_\_\_  
Sports: \_\_\_\_\_ Myofascial: \_\_\_\_\_ Craniosacral: \_\_\_\_\_  
Pre-natal: \_\_\_\_\_

Other strengths: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Company: _____	Dates: _____
Position: _____	May we contact: _____
Supervisor: _____	Phone: _____
Reason for leaving: _____	

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Position: _____	May we contact: _____
Supervisor: _____	Phone: _____
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**BACKGROUND SCREENING AUTHORIZATION & EMPLOYMENT APPLICATION VERIFICATION**

I, \_\_\_\_\_, authorize and give consent for Massage Studio to obtain information regarding myself in the form of an initial background check as well as any subsequent backgrounds checks deemed necessary throughout the length of my employment in relation to local and national criminal background records and information as well as national sex offender registries.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. I understand that employment at Massage Studio is "at will," which means that either I or Massage Studio can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

Signature \_\_\_\_\_ Date \_\_\_\_\_