



Employment Application: Massage Therapist

# Divine Connections

Massage & Spa

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Best time to reach you? \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
Address \_\_\_\_\_  
*Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender M  F  Primary Doctor \_\_\_\_\_  
*Name* \_\_\_\_\_ *Office #* \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

## MESSAGE INFORMATION

Date of Massage Certification \_\_\_\_\_ MA # \_\_\_\_\_

Which of the following are you applying for?

Dual LMT/Esthetician \_\_\_\_\_ LMT \_\_\_\_\_ Esthetician \_\_\_\_\_ Part Time: \_\_\_\_\_ Full Time: \_\_\_\_\_

Desired Wage: \_\_\_\_\_ What days are you available to work?

M Tu W Th F Sa Su

Circle which shifts you're available to work:

Weekdays: Mornings Midday Evenings

Weekends: Mornings Midday Evenings

Licenses, certifications, areas of specialization, modalities, seminars, workshops, special training, volunteer work, and any additional information which you feel may be helpful to us in considering your application:

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

## EDUCATION HISTORY

School for License \_\_\_\_\_ Graduation \_\_\_\_\_

*City, State* \_\_\_\_\_

Other Education: School \_\_\_\_\_ Graduation \_\_\_\_\_

*City, State* \_\_\_\_\_

**EMPLOYMENT HISTORY**

Are you currently employed? Yes / No

Current Company \_\_\_\_\_ Time Frame \_\_\_\_\_

Current Employer \_\_\_\_\_ Employer Phone # \_\_\_\_\_

Is it okay to contact your current employer? Yes / No

Company \_\_\_\_\_ Time Frame \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Phone # \_\_\_\_\_

Is it okay to contact this employer? Yes \_\_\_ No \_\_\_

Company \_\_\_\_\_ Time Frame \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Phone # \_\_\_\_\_

Is it okay to contact this employer? Yes \_\_\_ No \_\_\_

List three references who are willing to provide a professional reference  
(please do not include family members nor people who reside with you):

**PROFESSIONAL REFERENCES**

\_\_\_\_\_  
*Name Relationship Years Acquainted Phone #*

\_\_\_\_\_  
*Name Relationship Years Acquainted Phone #*

\_\_\_\_\_  
*Name Relationship Years Acquainted Phone #*

**\*Please attach your resume to the employment application form or email it to [jobs@DivineConnectionsMassage.com](mailto:jobs@DivineConnectionsMassage.com)**

Divine Connections Massage & Spa does not discriminate against race, color, national origin, religion, gender, sexual orientation, age or disability.

With my signature, I hereby declare that the information I provided in this application is accurate and true to the best of my knowledge.

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