



**THERAPEUTIC BODYWORK
& SPORTS MASSAGE**
Creating Space for Movement

Therapeutic Bodywork & Sports Massage

1409 Grandin Rd SW, Roanoke VA 24015

bodywork@potentialmovement.com

www.potentialmovement.com

540-632-2051

EMPLOYMENT APPLICATION

Please complete the entire application and email signed copy to the hiring manager at
abbie@potentialmovement.com.

It is the policy of Therapeutic Bodywork & Sports Massage to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

1. Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Mobile phone: _____ Email Address: _____
Massage License # and State: _____

2. Job Position Applied For: Licensed Massage Therapist – Part Time

3. Salary Desired: \$ _____ per _____

4. Who referred you to our company? _____
Do you have any friends or relatives who work here? If yes, please list here:

5. Are you at least 18 years old? _____ Yes _____ No

6. Are you willing to work any shift, including evenings and weekends? _____ Yes _____ No
If no, please state any limitations:

7. If you are offered employment, when would you be available to begin work?

8. If hired, are you able to submit proof that you are legally eligible for
employment in the United States? _____ Yes _____ No

9. Are you able to perform the essential functions of the job position you seek with
or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you request?

10. Can you provide proof of current and valid massage license, professional insurance and CPR?
_____ Yes _____ No

11. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Circle the number which corresponds to your ability for each particular skill. (1= poor ability, 5=exceptional ability.)

Orthopedic Assessment and Bodyreading	1 2 3 4 5
Orthopedic and Structural Bodywork	1 2 3 4 5
Myofascial Bodywork	1 2 3 4 5
Massagebook Massage Scheduling Software	1 2 3 4 5
Square Credit Card Processing	1 2 3 4 5
Microsoft Office Suite (Word, Excel, etc.)	1 2 3 4 5
Customer Service	1 2 3 4 5

Please list any additional Skills or Specializations, including notable continuing education training.

12. Applicant's Education and Training

Massage School _____ Year of Completion _____

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received: _____

High School/GED Name and Address

Did you graduate? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any additional current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

13. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____
May we contact this employer to confirm employment? _____
Do you approve this employer to act as a reference: _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
May we contact this employer to confirm employment? _____
Do you approve this employer to act as a reference: _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
May we contact this employer to confirm employment? _____
Do you approve this employer to act as a reference: _____

15. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/ZIP: _____

Phone # : _____ Email Address: _____

16. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Therapeutic Bodywork & Sports Massage to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Therapeutic Bodywork & Sports Massage, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

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For Payroll if hired. Do not complete at time of application:

Birthdate: _____ SS#: _____