



Massage Therapist Job Application

Full Name: _____

Preferred Name: _____

Phone Number: _____

Email Address: _____

Address

Street: _____

City / State / Zip: _____

License & Certification

Massage Therapy License Number: _____

State Issued: _____

Expiration Date: _____

☐ I certify that my massage therapy license is current and in good standing.

Additional Training / Certifications (optional):

☐ Prenatal

☐ Hot Stones

☐ Neuromuscular Therapy

☐ Other: _____

Employment Availability

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No

Desired Start Date: _____

Availability (check all that apply):

☐ Weekdays

☐ Evenings

☐ Weekends

Preferred Number of Hours per Week: _____

Professional Experience

Years of Massage Therapy Experience: _____

Previous Employer: _____

Location: _____

Dates of Employment: _____

Briefly describe your massage style and specialties:

What levels of pressure are you comfortable applying?

Are you comfortable writing SOAP or treatment notes after each session?

☐ Yes ☐ No

References

Professional Reference #1

Name: _____

Relationship: _____

Phone / Email: _____

Professional Reference #2

Name: _____

Relationship: _____

Phone / Email: _____

I certify that the information provided in this application is true and complete. I understand that providing false information may result in disqualification or termination if hired.

Applicant Signature: _____

Date: _____