



## 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:

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What levels of pressure are you comfortable applying?

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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: \_\_\_\_\_