

Absolute Therapy, LLC
Licensed Massage Therapist Job Application

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____

ADDRESS: _____

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____ **DATE OF BIRTH:** _____

DATE AVAILABLE: _____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO*

ARE YOU A LICENSED MASSAGE THERAPIST IN THE STATE OF ALABAMA?

☐ YES ☐ NO*

MASSAGE LICENSE # _____ **EXPIRATION DATE:** _____

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES* ☐ NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? ☐ YES ☐ NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

SUPERVISOR'S NAME AND TITLE: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY I CONTACT THIS EMPLOYER? _____

EMPLOYER 2: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

SUPERVISOR'S NAME AND TITLE: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY I CONTACT THIS EMPLOYER? _____

EMPLOYER 3: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

SUPERVISOR'S NAME AND TITLE: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY I CONTACT THIS EMPLOYER? _____

REFERENCES (PROFESSIONAL ONLY)
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FULL NAME: _____ **RELATIONSHIP:** _____

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

CONTRACT PROMISING

IF EMPLOYED, ARE YOU PREPARED TO SIGN A CONTRACT PROMISING NOT TO PROVIDE MASSAGE OR BODYWORK FOR COMPENSATION OUTSIDE OF ABSOLUTE THERAPY'S LOCATION, IF IT IS WITHIN 25 MILES, WITHOUT THE OWNER'S PRIOR CONSENT? (ONLY WHILE EMPLOYED BY ABSOLUTE THERAPY) ☐ YES ☐ NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. **In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.**

Please complete each section and attach your resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____