

Absolute Therapy, LLC.
Massage Therapist Job Application

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (home) _____ (cell) _____

Date of Birth: _____ Email address: _____

Social Security #: _____ Driver's License # _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain? _____

Emergency Contact Information:

Name: _____

Address: _____ City: _____

Zip Code: _____ Phone: (home) _____ (cell) _____

Date available to start work: _____

List days and times you are available to work. _____

Are you a Licensed Massage Therapist in the State of Alabama? _____

Massage License # _____ Expiration Date _____

Liability Insurance Provider: _____

Liability Insurance Policy # _____ Expiration Date: _____

What massage school did you attend? Where? When? _____

What special certification/training have you received besides state required massage school?

Employment

Please list your last three places of employment.

1. Company: _____

Address: _____

Phone number: _____

Supervisor: _____

Position held: _____

Dates of Employment: _____

2. Company: _____

Address: _____

Phone number: _____

Supervisor: _____

Position held: _____

Dates of Employment: _____

3. Company: _____

Address: _____

Phone number: _____

Supervisor: _____

Position held: _____

Dates of Employment: _____

May I contact your current employer? _____

May I contact your previous employers? _____

Have you ever been fired or laid-off? _____

If yes, please explain. _____

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's within 25 miles, without the owner's prior consent? (Only while employed by Absolute Therapy) _____

Are you eligible to work in the United States? _____

If asked, are you willing to consent to a background check? _____

I certify that information in this application is true and complete. I understand that false information may be grounds for not hiring me or immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____ Date: _____