

MASSAGE EMPORIUM, LLC.
Massage Therapist Application

Today's Date: _____

Name: (last) _____ (MI) _____ (First) _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: (hm) _____ (cell) _____

Date of Birth: _____ **Email address:** _____

Social Security # : _____ **Drivers License #:** _____

Have you ever been convicted of a felony? Yes ___ **No** ___

If yes, please explain _____

EMERGENCY CONTACT INFORMATION: Name: _____

Address: _____ **City** _____ **State** _____

Zip _____ **Phone (Hm)** _____ **(Wk)** _____ **(Cell)** _____

Date available to start work: _____

List available Days, and Times available for work (Mon-Sun, 7am-9pm)

Are you a licensed Massage Therapist in the state of Louisiana? Yes ___ **No** ___

Massage License # _____ **Expiration date** _____

(Photocopy required on start date)

If Not licensed, when do you expect to be licensed? _____

Liability Insurance Provider: _____

Liability insurance Policy# _____ **exp date** _____

(Photocopy required on start date)

EDUCATION

SCHOOL ATTENDED NAME/ADDRESS/PHONE GRADUATED COURSE/MAJOR

HIGH SCHOOL YES__NO__

COLLEGE/UNIVERSITY YES__NO__

MASSAGE/TECHNICAL/
VOCATIONAL YES__NO__

How many hours of massage Training have you had? _____

Where did you receive your training? _____

How long have you been practicing massage? _____

Have you had specific training in chair massage? _____

Certifications, CPR Training, Special Training, Seminars, Workshops, Etc:

Professional Associations/Technical Affiliations_____

What Modalities of massage are you trained to practice? (Ex: Swedish, deep tissue, pre-natal, sports, shiatsu, hot stone, reflexology, etc.)

Foreign Languages:_____

Other Skills:_____

Special Interests: _____

EMPLOYMENT

Please list all jobs, military service and/or self-employment beginning with present.

COMPANY NAME ADDRESS & PHONE#	DATES OF EMPLOYMENT	RATE OF PAY	POSITION/DUTIES NAME OF SUPERVISOR	REASON FOR LEAVING
----------------------------------	------------------------	----------------	---------------------------------------	-----------------------

FROM: \$

TO: \$

FROM: \$

TO: \$

FROM: \$

TO: \$

FROM: \$

TO: \$

REFERENCES:

List below three persons not related or residing with you who are willing to provide professional reference:

Name _____ Phone: _____

Number of Years Acquainted _____

Name _____ Phone: _____
Number of Years Acquainted _____

Name _____ Phone: _____
Number of Years Acquainted _____

Additional Information/Comments

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?

YES _____ **NO** _____

If necessary, please describe reasonable accommodations necessary:

Are you eligible to work in the United States? Yes ___ **No** ___

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

Signature: _____ **Date:** _____