



Application for Massage Therapist Employment

Today's Date: _____

Name: (Last) _____ (MI) _____ (First) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (HM) _____ (CELL) _____

Are you over 18 years of age? Yes _____ No _____

Position: _____ Full-time _____ Part-time _____ Temporary (Seasonal) _____

Wage Desired: _____ Date Available: _____

How did you hear about the position? Newspaper ___ Job Search Website ___ Direct Mail Postcard ___
Friend ___ BW Website ___ Other _____

Emergency Contact Information -

Name: _____

Phone: (Home/Cell) _____ (Work) _____

Will you be able to submit verification of your legal right to work in the United States, if employed? Yes _____ No _____

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

If yes, please explain: _____

(NOTE: conviction will not necessarily disqualify you as an eligible applicant)

Are you willing to work any days or shifts, including overtime, as necessary? Yes ___ No ___

Available days or shifts: _____

****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:

Education -

School Attended	Name *Include contact info if applicable to position	Graduated	Course/ Major
High School		Yes___ No___	
College/ University		Yes___ No___	
Massage/ Technical/ Vocational		Yes___ No___	

Lecture/Training/Course Hours _____ Practical/Intern/Extern Hours _____

Certifications, CPR Training, Licenses (include city, state & national, as they relate to the position for which you are applying):

Seminars, workshops, special training, professional associations/ technical affiliations (as it relates to the position for which you are applying):

Professional References -

List three persons not related or residing with you, who have been co-workers and are willing to provide a professional reference. Please list each person's name, phone number, and at which business you worked together.

1. Name _____ Phone: _____

Name of Employer _____ Years Acquainted _____

2. Name _____ Phone: _____

Name of Employer _____ Years Acquainted _____

3. Name _____ Phone: _____

Name of Employer _____ Years Acquainted _____

Employment -

List all jobs, military service and/or self-employment beginning with present:

Company Name, Address & Phone #	Dates of Employment	Rate of Pay	Position	Reason for Termination	May we contact? (yes / no)
	From: To:	\$ \$			
	From: To:	\$ \$			
	From: To:	\$ \$			
	From: To:	\$ \$			

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the company unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company. I understand that no employee or representative of the company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the president of the company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Applicant's Signature

Date

Arlington Massage Therapy and Wellness wishes to reaffirm its goal of promoting equal opportunities in the work place. Arlington Massage Therapy and Wellness is an equal opportunity organization and does not discriminate based on an applicant's or employee's race, color, religion, sex, pregnancy, sexual orientation, national origin, ancestry, citizenship, age, physical or mental disability, or any other characteristic protected by state or federal law.

Equal Opportunity Employer