



## MASSAGE EMPORIUM, LLC. Massage Therapist Application

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security # : \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

How did you hear about Massage Emporium/ The job opening?  
\_\_\_\_\_

Do you have any friends or relatives employed by us? If so, who?  
\_\_\_\_\_

Have you previously applied or worked for the Massage Emporium and when?  
\_\_\_\_\_

Are you presently employed, if so where?  
\_\_\_\_\_

May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_

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

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SCHOOL ATTENDED    NAME/ADDRESS/PHONE    GRADUATED    COURSE/MAJOR

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HIGH SCHOOL    YES\_\_NO\_\_

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COLLEGE/UNIVERSITY    YES\_\_NO\_\_

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MASSAGE/TECHNICAL/  
VOCATIONAL    YES\_\_NO\_\_

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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 \_\_\_\_\_

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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
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Hire Date Starting \$

Last Day Finishing \$

Hire Date Starting \$

Last Day Finishing \$

Hire Date Starting \$

Last Day Finishing \$

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 no, please explain what accommodations you require:

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# REFERENCES

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

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Title and/or relationship \_\_\_\_\_
  
2. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Title and/or relationship \_\_\_\_\_
  
3. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Title and/or relationship \_\_\_\_\_

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 \_\_\_\_\_

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### **Office use only:**

Scheduled Interview Date: \_\_\_\_\_ by: \_\_\_\_\_

2<sup>nd</sup> Interview Date: \_\_\_\_\_ by: \_\_\_\_\_

Decision: \_\_\_\_\_ by: \_\_\_\_\_

Additional Notes:

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