



Employment Application: Massage Therapist

Divine Connections

Massage & Spa

PERSONAL INFORMATION

First Name _____ Last Name _____
Email _____ Cell Phone _____
Home Phone _____ Best time to reach you? _____ a.m. _____ p.m.
Address _____
Street _____ *City* _____ *State* _____ *Zip Code* _____
Date of Birth _____ Gender M F Primary Doctor _____
Name _____ *Office #* _____
Emergency contact _____ Phone _____

MESSAGE INFORMATION

Date of Massage Certification _____ MA # _____

Which of the following are you applying for?

Dual LMT/Esthetician _____ LMT _____ Esthetician _____ Part Time: _____ Full Time: _____

Desired Wage: _____ What days are you available to work?
M Tu W Th F Sa Su

Circle which shifts you're available to work:
Weekdays: Mornings Midday Evenings
Weekends: Mornings Midday Evenings

Licenses, certifications, areas of specialization, modalities, seminars, workshops, special training, volunteer work, and any additional information which you feel may be helpful to us in considering your application:

EDUCATION HISTORY

School for License _____ Graduation _____
City, State _____

Other Education: School _____ Graduation _____
City, State _____

EMPLOYMENT HISTORY

Are you currently employed? Yes / No

Current Company _____ Time Frame _____

Current Employer _____ Employer Phone # _____

Is it okay to contact your current employer? Yes / No

Company _____ Time Frame _____

Employer Name _____ Employer Phone # _____

Is it okay to contact this employer? Yes ___ No ___

Company _____ Time Frame _____

Employer Name _____ Employer Phone # _____

Is it okay to contact this employer? Yes ___ No ___

List three references who are willing to provide a professional reference
(please do not include family members nor people who reside with you):

PROFESSIONAL REFERENCES

Name Relationship Years Acquainted Phone #

Name Relationship Years Acquainted Phone #

Name Relationship Years Acquainted Phone #

***Please attach your resume to the employment application form or email it to jobs@DivineConnectionsMassage.com**

Divine Connections Massage & Spa does not discriminate against race, color, national origin, religion, gender, sexual orientation, age or disability.

With my signature, I hereby declare that the information I provided in this application is accurate and true to the best of my knowledge.

Signature _____ Date _____