



# Application

Name: \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_  
Address: \_\_\_\_\_ S.S.# \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

## IN CASE OF AN EMERGENCY

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

## EMPLOYMENT

Current Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_  
Employers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Highest Level:

- HS Grad  GED  Post Secondary  2 Yr College Grad  4 Yr College Grad  Post Grad

	Name	# of years	Area of Study	Certificate/Degree
HS	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

## PROFESSIONAL/PERSONAL REFERENCES (3)

	Name	Address (City)	Phone	<i>How</i> & Years Acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Have you ever been convicted of a felony or arrested for any sexual offense? Yes  No

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

Do you have any medical, physical, or psychological conditions which may require special adaptation to your effectiveness in performing and receiving massage techniques? Yes  No

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

Have you been treated for substance abuse in the past 5 years? Yes  No

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

Are you a U.S. Citizen? Yes  No  I not a citizen, list alien # \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING (If additional space is needed, please attach to this form)

1. How were you referred to us? \_\_\_\_\_

2. Do you receive massage regularly? Yes  No  If so, how often? \_\_\_\_\_

3. List any previous training or experience relevant to Bodywork, Massage Therapy or other Health Related Services. \_\_\_\_\_  
\_\_\_\_\_

4. Please write a brief description regarding strengths and weaknesses; including and disabilities, if applicable. \_\_\_\_\_  
\_\_\_\_\_

5. What is your motivation for the working as an independent contractor for us vs. solo? \_\_\_\_\_  
\_\_\_\_\_

6. Briefly explain your philosophy of wellness and the healing process. \_\_\_\_\_  
\_\_\_\_\_

7. Give a brief description of your personal support systems. \_\_\_\_\_  
\_\_\_\_\_

8. How do you take care of yourself? \_\_\_\_\_  
\_\_\_\_\_

9. On a separate piece of paper, explain how this office is an obvious next step for you.

10. Evaluate your willingness to look at yourself truthfully, take responsibility for that truth, and commit to making the changes necessary towards becoming a conscientious massage therapist. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note any questions that you have regarding Essential Bodyworks, Inc. prior to scheduling your personal interview. Thank you for your interest in our business.

I hereby certify that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements made herein. I understand that applicants may be disqualified or dismissed for any false statement. I release from all liability persons and organizations providing information required by the process. Essential Bodyworks Inc. reserves the right to disregard any application that is not fully complete and signed by the applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_