



Hands-On Stress Management

MESSAGE THERAPIST APPLICATION

DATE: _____

<u>PERSONAL INFORMATION</u>			
Last Name _____	First Name _____	MI _____	
Present Address _____	City _____	ST _____	Zip _____
Permanent Address _____	City _____	ST _____	Zip _____
Phone # () _____	Cell Phone # () _____	SS# _____	
Referred By _____	Driver's License # _____	ST _____	
In Case of Emergency Contact _____	Relationship _____		
Address _____	Phone () _____		
E-mail Address _____	Best Time to Call _____		

<u>POSITION DESIRED</u>	
Position _____	Date You Can Start _____
Name of Present Employer & Current Position _____	
May We Contact Your Employer? _____	Contact Name & Phone _____
Have You Ever Applied to Corporate Soul Before? _____ When? _____	

<u>EDUCATION</u>					
SCHOOL	NAME & LOCATION	GRADUATED YES OR NO		MAJOR SUBJECTS	GPA
Grammar School					
High School					
College or University					
Massage School or Other					

State Massage License #, if applicable: _____

<u>OTHER INFORMATION</u>
Additional Massage/Healing Arts Training
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Activities, Hobbies, Memberships, etc.
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<u>FORMER EMPLOYERS</u>	<i>List your last 4 employers, starting with present or most recent.</i>			
Date/Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From:		\$		
To:		per		
From:		\$		
To:		per		
From:		\$		
To:		per		
From		\$		
To:		per		

<u>REFERENCES</u>		
Name	Address & Phone	Number of years as your client

Informative Questions:

1. Yes ___ No ___ Are there any currently pending professional liability suits, actions and/or claims filed against you?

2. Yes ___ No ___ Have any professional liability judgments ever been entered against you?

3. Yes ___ No ___ Have any professional liability claim settlements ever been paid by you and/or paid on your behalf?

4. Yes ___ No ___ Have you ever been denied or voluntarily relinquished your professional liability insurance coverage, and/or have had your professional liability insurance coverage canceled, non-renewed or limits reduced?

5. Yes ___ No ___ Have you been charged with or convicted of a crime (other than a minor traffic offense) in this or any other state or country and/or do you have any criminal charges pending other than minor traffic offenses in this state or any other state or country?
If yes, please explain _____.

6. Yes ___ No ___ Have you ever been the subject of a civil or criminal complaint or administrative action or been notified in writing that you are being investigated as the possible subject at a civil, criminal or administrative action regarding sexual misconduct?

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN ONLY IF YOU ARE IN FULL AGREEMENT WITH ITS INTENDED MEANING.

The above statements are, to my knowledge, true and I have not knowingly concealed any information that may hinder my ability to perform my job duties or create any liabilities for Corporate Soul, its ownership or management. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for immediate dismissal.

Signed: _____ Date: _____

Please fax back to (866)766-0182