



240 Laurel Street  
Baton Rouge, LA  
70801

225.387.0060 phone  
225.387.0059 Fax

Date: \_\_\_\_\_

Name:  
(Last) \_\_\_\_\_ (MI) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

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

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

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

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

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

Zip \_\_\_\_\_ Phone (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

What Modalities of massage are you trained to practice? (Ex: Swedish, deep tissue, pre-natal, sports, shiatsu, hot stone, reflexology, etc.)

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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
	FROM:	\$		
	TO:	\$		
	FROM:	\$		
	TO:	\$		
	FROM:	\$		
	TO:	\$		
	FROM:	\$		
	TO:	\$		

**REFERENCES:**

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

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Number of Years Acquainted \_\_\_\_\_
2. Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Number of Years Acquainted \_\_\_\_\_
3. Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Number of Years Acquainted \_\_\_\_\_

**Additional Information/Comments**

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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 necessary:

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

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: \_\_\_\_\_