



## Application for Massage Therapist Employment

BW Location: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

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

Phone: (HM) \_\_\_\_\_ (CELL) \_\_\_\_\_

Are you over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Position: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary (Seasonal) \_\_\_\_\_

Wage Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

How did you hear about the position? Newspaper \_\_\_ Job Search Website \_\_\_ Direct Mail  
Postcard \_\_\_ Friend \_\_\_ BW Website \_\_\_ Other \_\_\_\_\_

<p><b>Emergency Contact Information -</b></p> <p>Name: _____</p> <p>Phone: (Home/Cell) _____ (Work) _____</p>
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Will you be able to submit verification of your legal right to work in the United States, if employed? Yes \_\_\_\_\_ No \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_  
(NOTE: conviction will not necessarily disqualify you as an eligible applicant)

Are you willing to work any days or shifts, including overtime, as necessary? Yes \_\_\_ No \_\_\_  
Available days or shifts: \_\_\_\_\_

Have you ever been, or are you currently employed by any Burke Williams?  
Yes \_\_\_ No \_\_\_ If yes, at which location(s) are/were you employed? \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ Position held: \_\_\_\_\_

\*\* 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:

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## Education -

School Attended	Name <i>*Include contact info if applicable to position</i>	Graduated	Course/ Major
High School		Yes___ No___	
College/ University		Yes___ No___	
Massage/ Technical/ Vocational		Yes___ No___	

Lecture/Training/Course **Hours** \_\_\_\_\_ Practical/Intern/Extern **Hours** \_\_\_\_\_

Certifications, CPR Training, **Licenses** (include city, state & national, as they relate to the position for which you are applying):

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Seminars, workshops, special training, professional associations/ technical affiliations (as it relates to the position for which you are applying):

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## Professional References -

List three persons not related or residing with you, who have been co-workers and are willing to provide a professional reference. Please list each person's name, phone number, and at which business you worked together.

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

## Employment -

List all jobs, military service and/or self-employment beginning with present:

Company Name, Address & Phone #	Dates of Employment	Rate of Pay	Position	Reason for Termination	May we contact? (yes or no)
	From:  To:	\$  \$			
	From:  To:	\$  \$			
	From:  To:	\$  \$			
	From:  To:	\$  \$			

## Technical Concepts

1. What are the essential, technical components of Swedish massage?
2. What goals are best achieved by Swedish massage?
3. What is your understanding of Deep Tissue massage?
4. Identify the differences and similarities between Deep Tissue massage and Swedish massage:
5. In your opinion, how does acupuncture achieve its' effects?
6. What is your understanding of Sports Massage?

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the company unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company. I understand that no employee or representative of the company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the president of the company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment are also conditioned on the company's receipt of satisfactory responses to reference requests and the satisfactory completion of a post-offer medical examination.

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**Applicant's Signature**

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**Date**

Burke Williams wishes to reaffirm its goal of promoting equal opportunities in the work place. Burke Williams is an equal opportunity organization and does not discriminate based on an applicant's or employee's race, color, religion, sex, pregnancy, sexual orientation, national origin, ancestry, citizenship, age, physical or mental disability, or any other characteristic protected by state or federal law.

**Equal Opportunity Employer**