

If possible, use Adobe Acrobat or Adobe Reader to complete this on a computer before printing or emailing.

## Please Read Before Filling Out Application

**Do not proceed with filling out this application if you are unable to meet any of the job requirements listed below. You must fully and accurately complete all required fields on this application. Incomplete applications will not be considered.**

### Initial

We strive to provide **excellent customer service** to each and every client that enters our clinic, even when the clinic is very busy. You must be able to follow exact training and use professional language.

Due to the extensive training we provide, **positions are long-term** and not seasonal.

You need to be able to **work as part of a team**, work independently, and occasionally work on an on-call basis to fill in for other team members, which will require you to have transportation to the clinic with little or no notice.

This is a **very physical job**. It is **fast-paced** and requires high energy. You will be on your feet moving throughout the clinic most of your shift. You must be able to multi-task to ensure that our clients receive the best customer service in a timely manner by preparing rooms constantly, keeping up on laundry, answering the phone, and managing the clinic's online booking system, all at the same time.

**Cleaning is a priority**. You will be required to perform very detailed, meticulous cleaning including preparing rooms after each client by wiping down surfaces and fixtures, vacuuming floors thoroughly, and cleaning equipment. We provide clean towels and linens to each of our clients. This means washing, drying, and folding a lot of laundry each shift. Daily cleaning of common areas, restrooms, and any other necessary cleaning will be required. This may require you to come in early or stay late to complete.

You may be required to open the clinic as early as 7:30am or close the clinic as late as 10pm, depending on your schedule. There will be times you will work by yourself at the clinic.

In keeping with the professional manner of our business, you are required to follow a **strict dress code**.

**I have read and agree to the above statements, and I understand the terms and conditions listed on this page. I also understand that additional terms and conditions of employment will apply.**

**I certify that all the information is true and complete, and I authorize the investigation of all statements contained in this application. In the event of employment, I understand that false or misleading information given on this application or interview(s) may result in termination.**

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



# Balanced Bodywork Massage Therapy

146 Rose Street | La Crosse, WI 54603 | 608-769-5882  
email: info@balancedbodyworkmassagetherapy.com

## Employment Application

First Name*	Last Name*
Today's Date*	Date you can begin*

Please, thoroughly complete this application. You may type your information directly into the application, and then send as an email attachment. You can also print it and manually fill out the form. Submit the form as an email attachment, send via mail, or deliver in person. You may also include your resume.

Email*	
Phone Number*	
Street Address*	
City*	
State*	ZIP*
Emergency Contact Name/Relationship*	
Emergency Contact Telephone*	
How did you hear about Balanced Bodywork?	

WI LMT#*
Massage Therapist Since*
Expiration*
Professional Liability Insurance*
Expiration*

What is your desired "base" hourly wage? *
What is your desired per session commission? *
What is your desired AVERAGE hourly pay? *

How many hours of HANDS ON massage therapy are you able to perform in a week? *
Minimum hours of employment you require per week? *
Maximum hours you are able to work in a week? *

Please, mark all days and times you are available (or N/A) to work\*

Monday*	N/A	7a	8a	9a	10a	11a	12n	1p	2p	3p	4p	5p	6p	7p	8p	9p
Tuesday*	N/A	7a	8a	9a	10a	11a	12n	1p	2p	3p	4p	5p	6p	7p	8p	9p
Wednesday*	N/A	7a	8a	9a	10a	11a	12n	1p	2p	3p	4p	5p	6p	7p	8p	9p
Thursday*	N/A	7a	8a	9a	10a	11a	12n	1p	2p	3p	4p	5p	6p	7p	8p	9p
Friday*	N/A	7a	8a	9a	10a	11a	12n	1p	2p	3p	4p	5p	6p	7p	8p	9p
Saturday*	N/A	7a	8a	9a	10a	11a	12n	1p	2p	3p	4p	5p	6p	7p	8p	9p
Sunday*	N/A	7a	8a	9a	10a	11a	12n	1p	2p	3p	4p	5p	6p	7p	8p	9p

## Education

Massage School*	
Instructor*	
Phone*	
Email*	
Start Date*	End Date*
Degree/Diploma Earned*	
Areas of Special Study	

Please, check all modalities that you are able to perform\*

<input type="checkbox"/>	Swedish	<input type="checkbox"/>	Thai Massage
<input type="checkbox"/>	Prenatal	<input type="checkbox"/>	Acupressure
<input type="checkbox"/>	Craniosacral Therapy	<input type="checkbox"/>	Aromatherapy
<input type="checkbox"/>	Cupping	<input type="checkbox"/>	Reiki/Energy Balancing
<input type="checkbox"/>	Abdominal Massage	<input type="checkbox"/>	Sports/Orthopedic
<input type="checkbox"/>	Hot Stones	<input type="checkbox"/>	Trigger Point
<input type="checkbox"/>	Cryotherapy	<input type="checkbox"/>	Kinesio-taping
<input type="checkbox"/>	Raindrop Technique	<input type="checkbox"/>	Oncology Massage
<input type="checkbox"/>	Reflexology	<input type="checkbox"/>	Infants/Children
<input type="checkbox"/>	Deep Tissue	<input type="checkbox"/>	Shiatsu
<input type="checkbox"/>	Myofascial Release	<input type="checkbox"/>	Zone Therapy
<input type="checkbox"/>	Neuromuscular	<input type="checkbox"/>	Other (Please, specify):
<input type="checkbox"/>	Lymphatic Drainage		

## Additional Degrees, Licenses, and Certifications

Name	Issued by	On date	Credential #	Expiration

## Other Training and Skills

## Please, briefly introduce yourself!

Let us know a little bit about who you are, and why you have chosen a career in health and wellness. What inspired you to apply for this position at Balanced Bodywork, and what vision do you hold for your future as a bodyworker? Do you have any areas of particular interest or expertise? Tell us about it! \*

## Work Experience

	Current or most recent job		Next most recent job		Next most recent job	
Title*						
Start date*						
End date*						
Company name*						
Address*						
Supervisor*						
Telephone*						
Email*						
Duties*						
Salary/Hourly Pay*						
Reason for Leaving*						
May we contact?*	Yes	No	Yes	No	Yes	No

## References

List references acquainted with your work history. Do not include family members, supervisors listed above, and friends who are not co-workers.

	Reference #1	Reference #2
Name*		
Email*		
Telephone*		
How are you acquainted?*		
Employer*		
Position*		