# A logo for a massage spa  AI-generated content may be incorrect.

# SoakNSalt Licensed Massage Therapist Application

Thank you for your interest in joining the SoakNSalt team! We are looking for compassionate, skilled, and professional massage therapists who are passionate about healing and wellness.

Please complete the application below thoroughly.

## Basic Information

- Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Licensing & Credentials

- Are you currently licensed to practice massage therapy in this state?

 ☐ Yes ☐ No

 - License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 - Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- What massage modalities are you trained in? (Check all that apply)

 ☐ Swedish

 ☐ Deep Tissue

 ☐ Prenatal

 ☐ Trigger Point

 ☐ Sports

 ☐ Reflexology

 ☐ Other

## Experience

- How many years of massage experience do you have?
 ☐ <1 year ☐ 1–2 years ☐ 3–5 years ☐ 6+ years

- Why do you want to work at SoakNSalt?

- Do you currently have personal massage clients that you work with outside of a spa or clinic setting?
 ☐ Yes ☐ No
 - If yes, please explain:

- How do you typically build rapport with your clients?

- What are your strengths as a massage therapist?

- What’s one area you’re working to improve professionally?

## Scheduling & Availability

- What days are you available to work?

 ☐ Tuesday

 ☐ Wednesday

 ☐ Thursday

 ☐ Friday

 ☐ Saturday

- What shift(s) are you available?

 ☐ Morning (11:00 AM – 3:00 PM)

 ☐ Evening (3:00 PM – 7:00 PM)

- Are you available for occasional on-call or off-site events?
 ☐ Yes ☐ No

## References

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Years Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Years Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Final Questions

- Have you ever been convicted of a felony?
 ☐ Yes ☐ No

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

- Is there anything else you would like us to know about you?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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