

MarchDale Massage Therapy Ltd.
Registered Massage Therapist
Application Form

Thank you for your interest in working with us at MarchDale! We welcome you to join us in our therapist-focused, client-centered clinic where we support you through your career and help you achieve your best in a positive, team-based clinic setting.

Please fill out this application form, attach a CV if you'd like, and we will contact you for a tour and a friendly meet-up!

DATE: _____

APPLICATION FORM

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

REGISTRATION NUMBER: _____ STUDENT YEAR: _____ CV included

<p>Preferred days of work:</p> <ul style="list-style-type: none"><input type="checkbox"/> Monday<input type="checkbox"/> Tuesday<input type="checkbox"/> Wednesday<input type="checkbox"/> Thursday<input type="checkbox"/> Friday<input type="checkbox"/> Saturday<input type="checkbox"/> Sunday	<p>Preferred hours of work:</p> <ul style="list-style-type: none"><input type="checkbox"/> 8:00am-2:00pm<input type="checkbox"/> 2:00pm-8:00pm<input type="checkbox"/> Customized schedule <hr/> <p>Preferred position:</p> <ul style="list-style-type: none"><input type="checkbox"/> Part-time (30 hours/week)<input type="checkbox"/> Full-time (40 hours/week)
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<p>What are you looking for in a Massage therapy clinic?</p> <ul style="list-style-type: none"><input type="checkbox"/> Flexible hours<input type="checkbox"/> Flexible client load<input type="checkbox"/> Team environment<input type="checkbox"/> Ongoing training<input type="checkbox"/> Employee status<input type="checkbox"/> Extended health benefits<input type="checkbox"/> Paid vacation	<ul style="list-style-type: none"><input type="checkbox"/> Disability coverage<input type="checkbox"/> Catastrophic care coverage<input type="checkbox"/> Opportunities for internal promotion<input type="checkbox"/> Performance-related rewards<input type="checkbox"/> Community outreach<input type="checkbox"/> Other: _____<input type="checkbox"/> Other: _____
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Tell us a little about yourself. We would love to know what you have focused on before massage therapy, what your interests are, what you love to do in your free time, what you love about massage therapy etc.

Tell us what qualities you find important in a massage therapy clinic. What special or unique qualities/training/skills do you bring to your space?

References

Please feel free to add professional and character references for us to contact.

Reference 1:

Name _____
Telephone number: _____
Email address: _____
Reference type: Professional Personal/character
Comments: _____

Reference 2:

Name _____
Telephone number: _____
Email address: _____
Reference type: Professional Personal/character
Comments: _____

Reference 3:

Name _____
Telephone number: _____
Email address: _____
Reference type: Professional Personal/character
Comments: _____

Thank you for filling out our application form. We look forward to meeting with you to discuss your future at MarchDale Massage Therapy!