

# Application for Massage Program

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

## Education

Circle highest grade completed

High school: 1 2 3 4                      College: 1 2 3 4 5

High school: Type diploma \_\_\_\_\_

School: \_\_\_\_\_

Graduation date: \_\_\_\_\_

College degree \_\_\_\_\_

School \_\_\_\_\_

Professional, Vocational, Graduate school training:

\_\_\_\_\_  
\_\_\_\_\_

## Employment

Employer \_\_\_\_\_

Position \_\_\_\_\_

How long \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

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