

APPLICATION FOR EMPLOYMENT – MASSAGE THERAPIST

New Heights Chiropractic & Wellness Clinic, PC

Personal Data

Name: _____ Social Security Number: _____
Last First Middle

Present Address: _____
Street City State Zip

Cell Phone: _____ Email: _____

Emergency Contact Name & Phone Number: _____

Are you over age 18? Yes No

Availability

Full Time Able to work weekends Yes No
 Part Time
 Temporary Date available to work: _____

Referral Information

How did you hear about us?
 Internet job site Friend
 Our website Other: _____

Education

School	Location	Major	Graduated?	Degree
High School _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Tech/Voc Training _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other (Military, vocational, professional) _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Evidence of licensure/registration/certification is required with application.

License number/expiration: _____ Expiration: _____

Work Skills

List training and/or experience which may qualify you for the position desired: _____

List any additional information you would like us to consider: _____

Computer Software Experience: MS Word MS Excel MS Outlook Chirotouch G Suite
 Medical Terminology Transcription Phone Systems Other: _____

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes No Comments: _____

Are you able to meet the attendance requirements for the position? Yes No If no, please explain: _____

Will you work overtime if required? Yes No If no, please explain: _____

Have you been to a chiropractor before? Yes No

Use 3 words to describe yourself: _____

Employment History

All sections must be completed in order to process your application, even if your resume is attached.

List the most recent employer first. Include at least five (5) years. Explain periods of unemployment, including school and military service. Indicate use of any other name if different from present name. (*Attach additional sheet if necessary.*)

1. Name of Employer and Address: _____ Date Employed (Month/Year): _____ Name of Supervisor: _____
From: _____ To: _____
Final Salary/Wage: \$ _____ Phone No. () _____
Last Name Used: _____ May we contact? Yes No

Your last job title and description: _____ Reason for leaving: _____

2. Name of Employer and Address: _____ Date Employed (Month/Year): _____ Name of Supervisor: _____
From: _____ To: _____
Final Salary/Wage: \$ _____ Phone No. () _____
Last Name Used: _____ May we contact? Yes No

Your last job title and description: _____ Reason for leaving: _____

3. Name of Employer and Address: _____ Date Employed (Month/Year): _____ Name of Supervisor: _____
From: _____ To: _____
Final Salary/Wage: \$ _____ Phone No. () _____
Last Name Used: _____ May we contact? Yes No

Your last job title and description: _____ Reason for leaving: _____

4. Name of Employer and Address: _____ Date Employed (Month/Year): _____ Name of Supervisor: _____
From: _____ To: _____
Final Salary/Wage: \$ _____ Phone No. () _____
Last Name Used: _____ May we contact? Yes No

Your last job title and description: _____ Reason for leaving: _____

5. Name of Employer and Address: _____ Date Employed (Month/Year): _____ Name of Supervisor: _____
From: _____ To: _____
Final Salary/Wage: \$ _____ Phone No. () _____
Last Name Used: _____ May we contact? Yes No

Your last job title and description: _____ Reason for leaving: _____

Available days or shifts that you can work – please circle all that apply:

Monday – AM PM

Tuesday – AM PM

Wednesday – AM PM

Thursday – AM PM

Friday – AM PM

Are you currently licensed in Oregon as an LMT? Yes No

Have you ever had any, or are presently going through, any disciplinary action from the massage board or any other governing board? Yes No

If yes, please explain: _____

Do you currently have malpractice insurance? Yes No

If no, are you willing to purchase malpractice insurance as part of your agreement with New Heights Chiropractic & Wellness Clinic, PC? Yes No

Are you willing to wear a uniform, such as scrubs, if you are hired for this position? Yes No

Please answer the following questions:

1. Why did you become a massage therapist?
2. What special skills or training do you have that would make you stand out as a therapist?
3. Describe your ideal work environment. What brings out your best performance?
4. What continuing education do you plan on taking to further your skills?
5. What would you do to bring in new clients? What will you do to keep those clients?

Disclosure Statements

New Heights Chiropractic & Wellness Clinic, PC, further known as NHCWC, is a “drug-free work environment” and may conduct pre-employment drug testing.

If you become employed, you are required by Federal law to provide NHCWC documentary proof of employment authorization and to attest, under penalty of perjury, that you are a citizen or native of the United States, an alien lawfully admitted to permanent residence or an alien otherwise authorized to be employed in the United States.

Is your citizenship or immigration status such that you are authorized to be employed in the United States?

Yes No *(Please check one, If “No”, explain)* _____

CERTIFICATION, AUTHORIZATION & RELEASE

I certify that the information provided on this application to New Heights Chiropractic & Wellness Clinic, PC, further known as NHCWC, is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination. I also understand that if I am hired, my employment is conditioned on receipt of a satisfactory report from the State(s) Patrol(s), Federal Government, OIG, Credit Bureaus and/or Department of Social & Health Services, according to the position for which I am applying.

I authorize NHCWC to solicit information regarding my character, general reputation, credit, previous employment and similar background information and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release NHCWC from any liability for future references it may provide regarding my work history at NHCWC.

NHCWC does not unlawfully discriminate in employment and no question on this application will be used to limit consideration of any applicant on a basis prohibited by local, state or federal law. After 90 days, if I have not heard from NHCWC and still wish to be considered for employment, I will need to fill out a new application.

This application does not constitute an offer, agreement or contract for employment for any specified period or definite duration. If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its owner, the employment relationship will be “at-will.” In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will also have the right. Moreover, no agent, representative, or employee of NHCWC, except in a specific written contract of employment signed on behalf of the organization by its owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature

Date