



**Student Applicant**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Preferred Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  Have you had any massage therapy training? YES  NO

Have you ever been convicted of a felony? YES  NO  Please list where and when \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  GED: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Reference**

*Please list a reference (non-relative).*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### Current Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

---

### Medical Information

Do you have any medical issues we should be aware of? YES  NO  Please list: \_\_\_\_\_

---

Are you taking medications? YES  NO  Please list: \_\_\_\_\_

Do you have any physical or learning disabilities we need to consider? YES  NO

Please list: \_\_\_\_\_

---

### Other comments or Questions

Please list any comments/questions you would like to share:

### Emergency Contact, Disclaimer and Signature

Please list an emergency contact for you should the school need to reach someone on your behalf:

Name: \_\_\_\_\_ CELL: \_\_\_\_\_ Relationship: \_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that false or misleading information in my application may result in my application being rejected.*

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