



MESSAGE INDEPENDENT CONTRACTOR APPLICATION

Please attach your resume to this application and answer any questions below that are not included on your resume.

Name
(last) _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Phone # Cell: _____ Home #: _____

Best time and Phone number to reach you _____

This application serves three locations. Indicate below which location(s) you are interested in working:

____ YMCA Fairfax County Reston (12196 Sunset Hills Road, Reston, VA 20190)

____ YMCA National Capital (1711 Rhode Island Ave NW, Washington, DC 20036)

____ YMCA Anthony Bowen (1325 W Street, NW, Washington, DC 20009)

A Touch of Health is open seven days a week. Are you willing to work:

Full time ___ Part time ___ Weekends Y ___ N ___ Weekday evenings Y ___ N ___

Date available _____ Are you over 18? Y ___ N ___

If you are not submitting a resume with application please complete this section.

High School graduate? Y ___ N ___ Name/ Location _____

College/University? Y ___ N ___ Subject/Major _____ Graduate Y ___ N ___

College Name/Location _____

Vocational/Technical School? Y__N__ Subject_____ Graduate Y__N__

Vocational/Technical School Name/location_____

Massage School Name/Location_____

Number of completed program hours_____

Licenses and certification numbers (you must have all current licensure to be employed.)_____

Specialized Trainings, internships, volunteer work, or any additional information you would like us to consider for hiring? _____

Has your massage training (T) and experience (E) included Deep Tissue:

T_____E_____

Prenatal T_____E_____ Sports T_____E_____ Pediatric T_____E_____

Other modalities_____

Employment History: You only need to fill in information missing from your resume. Please list all jobs, including self-employment and military experience:

Company name and address_____

Phone number_____ May we contact supervisor? Y__N__

Length of employment: from _____ to _____ Rate of pay? _____

Position held/Work performed_____

Reason for leaving_____

Company name and address_____

Phone number_____ May we contact supervisor? Y__N__

Length of employment: from _____ to _____ Rate of pay? _____

Position held/Work performed_____

Reason for leaving_____

Company name and address _____

Phone number _____ May we contact supervisor? Y ___ N ___

Length of employment: from _____ to _____ Rate of pay? _____

Position held/Work performed _____

Reason for leaving _____

Professional references: List three references. Please do not use family or persons who live with you. You may include a current client.

Name _____ # of years acquainted _____

Phone Number _____ Best time to call _____

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Phone Number _____ Best time to call _____

APPLICANT STATEMENT

I certify that the information provided by me in this application is true and complete. I authorize A Touch of Health to verify any of this information when necessary to make an informed decision, unless I have indicated to the contrary.

I understand that my service to A Touch of Health will be as a 1099 independent contractor. I understand that my contracting agreement may be terminated at any time by myself or A Touch of Health with or without cause.

Additionally, I understand that my offer of service is contingent upon my ability to provide satisfactory proof of my identity/licensure/insurance and my legal ability to work in the US.

Applicant signature _____ Date _____

A Touch of Health is an equal opportunity employer. We consider all applicants without regard to race, color, creed, gender, sexual orientation, national origin, age, disability, marital status, or any other legally protected status.