



*Body Tech Mobile Massage Spa Services
Complete and Return to bodytechcorp@aol.com
Independent Contractor Application*

Welcome,

It is my great pleasure to introduce you to Body Tech™ Mobile Massage Spa Service. As an Independent Contractor, you will be part of a unique and successful company who takes pride in having qualified professionals, like yourself, helping us provide the superior service that Body Tech™ is known for in the massage service spa profession.

Body Tech™ works diligently to attract quality clientele. Our company takes pride in knowing our massage professionals, and our services are the best in the massage spa industry. Our services are delivered in only the best hotels and business settings, as well as in our client's homes. In order to ensure the safety of our clients and our Independent Contractors, Body Tech™ has established policies and procedures that must be followed at all times.

Training will be provided at the time of hire, with our easy to follow policies and procedures manual. We encourage you to contact management at any time you have questions.

Our Company is dedicated to our clients, hotel associates, and their staff; and of course you as an Independent Contractor.

When chosen to join Body Tech™ as an Independent Contractor, it is because of your professional training, unique skills, and your experience in the profession.

Thank you for applying. We are confident you will find working with Body Tech™ will help you to grow your career, enjoy success, and have the satisfaction of working with a unique and proven massage spa service system.

Sincerely,

*Cami Sutton
Body Tech™ President/CEO*

First Name MI Last Name

Date of Birth (M/D/Y) SSN

Address City

State Zip County

Phone No. Mobile No.

Email

Emergency Contact Relationship

Phone Mobile

Address City

State Zip

What position are you applying for: Choose all that apply:

Licensed Massage Therapist "LMT" Esthetician Marketing Rep Reservations Specialist Recruiter/Trainer

Do you have reliable transportation? Yes No Do you have a valid driver's license? Yes No

Driver's License No. Issuing State

Do you carry automobile insurance? Yes No Insurance Co.

Policy No. Expiration Date

Do you have a professional State Massage Therapy License? Yes No

If no, are you planning to obtain?

Please list all licensures, states and year issued, license number and expiration dates.

Type of License Issuing State Year Issued

License Number Expiration Date

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Are you Board Certified? Yes No

Do you have all required City and County Business License and/or Permits: Yes No

If no, will you be willing to obtain what is required? Yes No

Do you belong to any Professional Associations? Yes No

Please list:

Do you have any current professional certifications? Yes No

Please list your certifications.

Do you have a Professional Liability Insurance Policy? Yes No

If no, will you be willing to obtain one? Yes No

Liability Association / Insurance Co:

Policy No.:

Have you been convicted of a crime in the past ten (10) years? Yes No

If yes, please explain:

Are you current with your continuing education: Yes No

Please check all modalities that apply to your professional training and experience:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Swedish | <input type="checkbox"/> Deep Tissue | <input type="checkbox"/> Neuromuscular | <input type="checkbox"/> Lypossage | <input type="checkbox"/> Myofascial |
| <input type="checkbox"/> Esalen | <input type="checkbox"/> Cranio Sacral | <input type="checkbox"/> Reiki | <input type="checkbox"/> Lomi Lomi | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Infant | <input type="checkbox"/> Rolfing | <input type="checkbox"/> Shiatsu | <input type="checkbox"/> Medical Massage |
| <input type="checkbox"/> Hot Stone | <input type="checkbox"/> Lava shells | <input type="checkbox"/> Lymphatic | <input type="checkbox"/> Ear Candling | <input type="checkbox"/> Trigger Point |
| <input type="checkbox"/> Bamboo Massage | <input type="checkbox"/> Reflexology | <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Integrative | <input type="checkbox"/> Chair Massage |
| <input type="checkbox"/> Manissage | <input type="checkbox"/> Pedissage | <input type="checkbox"/> Massage Facials | <input type="checkbox"/> Facelift Massage | <input type="checkbox"/> Spa Services |
| <input type="checkbox"/> Hydrotherapy Towel Treatment | | <input type="checkbox"/> Click Heaters | | |

Other, Please describe below:

Location and Schedule Preferences:

Please provide a detailed list of preferred areas / cities/ zip codes you prefer to work.

Please check the box of the corresponding days and times you prefer to work.

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- Morning Afternoon Evening Nights

What schedule do to you prefer?

- Regular (routine) Flexible

Education:

Name of High School

City State

Year Graduated

If you did not complete high school, do you have your GED? Yes No Year

College / Trade School(s) attended:

Name and Location of College/Trade School

From (year) to (year) Degree: Yes No

Name and Location of College/Trade School

From (year) to (year) Degree: Yes No

Name and Location of College/Trade School

From (year) to (year) Degree: Yes No

Employment History:

Employer:

Address:

Phone: From: To:

Position:

Duties:

Reason for leaving:

May we contact this employer? Yes No Name of contact person:

Employer:

Address:

Phone: From: To:

Position:

Duties:

Reason for leaving:

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Employer:

Address:

Phone: From: To:

Position:

Duties:

Reason for leaving:

May we contact this employer? Yes No Name of contact person:

Employer:

Address:

Phone: From: To:

Position:

Duties:

Reason for leaving:

May we contact this employer? Yes No Name of contact person:

Are you currently working in the massage profession? Yes No

Do you have experience providing mobile massage services? Yes No

Are you experienced in providing spa services? Yes No

If you answered yes to any of the above questions, please explain what experience you have in providing these services:

When are you available to start?



Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed or become an independent contractor, any falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above are given to Body Tech™ and any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Body Tech™ from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of Body Tech™ has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I authorize Body Tech™ to investigate and verify all employment history, references, education and all statements contained in this application.

I further authorize Body Tech™ to complete a full background check on any criminal history.

X
