



2452 Pine Chase Circle ~ St. Cloud ~ FL 34769 ~ 407-738-9816

LMT APPLICATION

NAME: _____ DATE ___/___/___

ADDRESS: _____

CITY _____ STATE _____ ZIP: _____

PHONE #: (_____) _____

CELL PHONE #: (_____) _____

E-MAIL ADDRESS: _____

DRIVER'S LICENSE #: _____

SOC. SEC. #: _____ - _____ - _____

DATE OF BIRTH: ____/____/____ AGE: _____

STATE BOARD LICENSE # or
WORK CERTIFICATE #: _____

GRADUATION DATE: ____/____/____

LMT INSURANCE POLICY #: _____

L.M.T INSURANCE COMPANY

(Name of carrier): _____

PROFICIENT IN WHICH TYPES OF MASSAGE:

PLEASE GIVE THREE (3) WORK REFERENCES:

1) COMPANY NAME: _____

ADDRESS: _____

PHONE #: (_____) _____

JOB TITLE: _____

CONTACT: _____

2) COMPANY NAME: _____

ADDRESS: _____

PHONE #: (_____) _____

JOB TITLE: _____

CONTACT: _____

3) COMPANY NAME: _____

ADDRESS: _____

PHONE #: (_____) _____

JOB TITLE: _____

CONTACT: _____

PLEASE GIVE TWO (2) PERSONAL REFERENCES (NO RELATIVES):

1) NAME: _____
TEL. # (_____) _____
HOW LONG? _____

2) NAME: _____
TEL. # (_____) _____
HOW LONG? _____

DO YOU HAVE MASSAGE TABLE (____), CHAIR(____)
DATE YOU CAN START: ____/____/____

LIST YOUR AVAILABLE WORK SCHEDULE:

	AM HOURS AVAILABLE	PM HOURS AVAILABLE
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

TOTAL NUMBER OF JOBS YOU CAN HANDLE PER DAY: _____

Please list all areas you are able to travel to for a call or event: _____

Banking Information:

Payroll Information: List Banking Information For Automatic Deposit

Bank Name: _____

Routing Number: _____

Account Number: _____

BY SIGNING BELOW I ACKNOWLEDGE THAT I AM DECLINING THE OPTION FOR DIRECT DEPOSIT AT THIS TIME. I WOULD LIKE MY PAYROLL CHECK TO BE MAILED TO ME. IF I SHOULD WANT TO LATER ADD THIS FEATURED SERVICE I WOULD NEED TO CONTACT SELECT MESSAGE INC. DIRECT BY CALLING 407-738-9816.

Signature _____ DATE _____

Please submit a clear legible copy of your **driver's license, social security card, specialty license, and/or occupational license and insurance information** by E-Mail or Fax to (800)580-7167

**(407) 738-9816 Phone
(800) 580-7167 Fax
info@selectmassageinc.com**