Healing Hands School of Massage

4442 Summit Bridge Rd, Unit 12

Middletown, DE 19709

*\*\* If mailing this application, please mail to: \*\**

Healing hands school of massage

p.o. box 703

Middletown, de 19709

Student Application

First Name Last Name

Address

City State Zip

Email Phone

Date of Birth Gender: Male Female

Social Security Number (for background check)

Are you a U.S. citizen? Yes No If no, please explain citizenship status

Are you a veteran or do you currently serve in the military? Yes No

Have you ever been convicted of a felony or a crime? Yes No If yes, please explain

(Note: No applicant will be denied admission solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered. Conviction of a criminal offense may affect licensure to practice and/or opportunities for employment in the field.)

Do you have any learning challenges? Yes No If yes, please explain

(Note: This business complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Please list any medications you take.

Are you currently under medical supervision? Yes No If yes, please explain

Emergency Contact Name

Relationship to You Phone Number

Please list your most recent work experience.

Company Title

City State Zip

Phone

Company Title

City State Zip

Phone

Please list your education experience.

School Year(s) Attended

Location

Graduated? Yes No

School Years (s) Attended

Location

Graduated? Yes No

School Year (s) Attended

Location

Graduated? Yes No

How did you hear about this program?

Are you interested in day or evening class? Day Evening

*Please be sure to submit two references that are NOT family members with this application. Reference forms are available online to download if needed.*

Healing Hands School of Massage does not discriminate against any person based on creed, religion, race, sex, or gender. This application will not be used for limiting or excluding any applicant from consideration for education on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

I certify that all information disclosed on this application is true and factual to my knowledge. If it is found that I have knowingly withheld information on this application, it could result in my application and enrollment being denied. Should any information on this application change I will notify the school immediately.

Signature of Applicant

Date