

- Application for Admission -

Bodymechanics School of Myotherapy & Massage

3025 Limited Lane NW
Olympia, WA 98502
(360) 786-8582

Please include your application fee of \$100 when you submit this application.

Note: Application fees are refundable only in the event that you are refused acceptance into the Bodymechanics School. If submitting via e-mail or you would rather not send a check, please complete your credit card information authorizing us to charge the \$100 application fee: CC#: _____

Exp. Date: _____ Security Code: _____ Signature: _____

Applicant Name _____

Address _____ City _____ State ____ Zip _____

Phone Numbers _____

EDUCATION:

Circle highest grade completed in each category.

High School 1 2 3 4 Graduation Date _____ GED Attained _____
Name and Address of School _____

College 1 2 3 4 5 Degree Attained _____

Name and Address of School _____

CURRENT EMPLOYMENT:

Name and Address of Current Employer _____

IN CASE OF EMERGENCY:

Name _____

Address _____

Phone Numbers _____ Relationship _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How were you referred to us? _____

Describe any previous work experience you have had in the occupation our school teaches. _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION

What are your short and long-term goals? _____

Tell us about yourself, your interests, attributes, hobbies, etc. _____

Why do you want to be a massage therapist? _____

Have you ever been convicted of a felony? (Circle one) **YES NO**

Have you ever committed a sexual crime? (Circle one) **YES NO**

May we conduct an investigation to verify the information on this application? (Circle one) **YES NO**

How soon would you like to start training? _____

Applicant Signature

Date Signed

OFFICE USE ONLY:

Interviewed by: _____ Date _____

Comments _____

Admission Accepted Yes No

Admission Pending Yes No

Terms _____

If rejected, why? _____

