



# European Massage Therapy School Chicago – Las Vegas

Eve \_\_ Wknd \_\_ Morn \_\_

Interviewed By \_\_\_\_

Reg. Fee \$ \_\_\_\_\_

## APPLICATION FOR ADMISSION

### PERSONAL DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

SSN. \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Maiden Name \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_@\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

U.S. Citizen? Yes \_\_ No \_\_ Alien Registration No. \_\_\_\_\_

Name as you want it to appear on your Diploma \_\_\_\_\_ *Use legal name only.*

#### **Permanent Address: (if different)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### EMPLOYMENT DATA

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### EDUCATION and TRAINING

#### **General Requirements:**

Candidates for enrollment must possess a high school diploma or the recognized equivalent (i.e., a General Education Development "GED" Certificate) prior to enrollment. (Please refer to the European Massage Therapy School Catalog for additional enrollment information)

High School \_\_\_\_\_ City and State / Country \_\_\_\_\_ Year of Graduation \_\_\_\_\_

College \_\_\_\_\_ City and State / Country \_\_\_\_\_ Major/Year of Graduation \_\_\_\_\_

Other Training \_\_\_\_\_ City and State / Country \_\_\_\_\_ Year/Date of Completion \_\_\_\_\_

Health Care Related Education \_\_\_\_\_ # years \_\_\_\_\_

### REFERENCES (Please fill in all information, and use references with different addresses)

(Name) \_\_\_\_\_ (Mailing Address) (No. Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Phone) \_\_\_\_\_

(Name) \_\_\_\_\_ (Mailing Address) (No. Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Phone) \_\_\_\_\_

(Name) \_\_\_\_\_ (Mailing Address) (No. Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Phone) \_\_\_\_\_

**PLEASE CHECK ALL THE APPROPRIATE BOXES** (Information collected for statistical use as required by State and Federal Agencies)

- Black (non-Hispanic)     Hispanic     Asian or Pacific Islander     White (non-Hispanic)     American or Alaskan Indian  
 Resident Alien     Non-Resident Alien  
 Physical Disability     Speech Impaired     Visually Impaired     Hearing Impaired     No Impairments     Other Please explain\_\_\_\_\_
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**OTHER**

Have you ever worked in an alternative health care setting\_\_\_\_\_ (yes)\_\_\_\_\_ (no).

Have you ever been convicted by any court of a crime, other than a minor traffic violation?  yes  no.

If yes, please explain\_\_\_\_\_

Have you ever been convicted of, entered a plea of nolo contendere or guilty to, or received deferred adjudication to crime(s) or offense(s) involving prostitution or sexual offenses?  yes  no.

If yes, please explain\_\_\_\_\_

Will you need financial assistance through a payment plan?     yes     no

What is your preferred schedule to attend classes?     Evenings     Weekends     Mornings

When can you begin your training?\_\_\_\_\_

**How did you find out about European Massage Therapy School?**\_\_\_\_\_

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**SPECIAL ACCOMMODATIONS**

Students with special needs due to disability should advise the school prior to enrollment to assure that reasonable accommodations can be made to facilitate training. Please describe your needs:\_\_\_\_\_

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Your signature below indicates that the information on this application is true and accurate to the best of your knowledge, and that **you have read and understand the catalog contents**, which become part of your agreement with European Massage School.

**Name (Please print)**\_\_\_\_\_

**Signature:**\_\_\_\_\_

**Date**\_\_\_\_\_

***European Massage Therapy School does not discriminate on the basis of Race, Color, National Origin, Sex, Handicap or Age in employment, admissions or any of its educational programs or activities.***

***European Massage Therapy School reserves the right to contact any or all of the individuals listed on this form.***