

# Denton Massage

## School

### First Day Employment Confirmation

**Congratulations graduate. Please take a moment to fill out this form and return it to one of our staff members.**

Graduate Name \_\_\_\_\_

Student Number \_\_\_\_\_

Date of Graduation \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

|   |       |
|---|-------|
| Employer Name<br><small>(self if self employed)</small> | _____ |
| Employer address  | _____ |
| City, State, Zip  | _____ |
| Employer Telephone (      )      -                      | _____ |
| Employer Fax (      )      -                            | _____ |
| Employer Contact  | _____ |

Employee Job Title \_\_\_\_\_ Date of Hire \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

Number of hours per week graduate is scheduled per week \_\_\_\_\_

Stating Salary \$ \_\_\_\_\_ Per Message Hour Week Month other: \_\_\_\_\_

Clinic Specialty \_\_\_\_\_

Any other massage technicians? \_\_\_\_\_

Now and over the next year what is your career plan? Do you plan to stay in your current job setting? What is that current job setting? What do you plan to do? What is your time frame goal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|  |
|--|
| <b>FOR CAMPUS USE:</b>                                     |
| Date received _____ / _____ / 20_____                      |
| Administrator signature _____                              |
| Exit Interview Date or review date _____ / _____ / 20_____ |