

**Irene's Myomassology Institute**  
Full-time Employment Documentation Form

1. Graduate Information
  - a. First and Last Name \_\_\_\_\_
  - b. Address \_\_\_\_\_
  - c. Address 2 (optional) \_\_\_\_\_
  - d. City \_\_\_\_\_
  - e. State \_\_\_\_\_ Zip Code \_\_\_\_\_
  - f. Email Address \_\_\_\_\_
  - g. Phone Number \_\_\_\_\_
2. What date did you graduate? (MM/DD/YYYY) \_\_\_\_\_
3. What is the name and address of where you are working?
  - a. Company \_\_\_\_\_
  - b. Address Line 1 \_\_\_\_\_
  - c. City \_\_\_\_\_
  - d. State \_\_\_\_\_ Postal Code \_\_\_\_\_
  - e. Email Address \_\_\_\_\_
  - f. Phone \_\_\_\_\_
4. What is your supervisor's name? \_\_\_\_\_
5. What date did you start working? (MM/DD/YYYY) \_\_\_\_\_
6. Are you working full-time? \_\_\_\_ Yes \_\_\_\_ No
7. What is your job position?
  - a. Massage Therapist
  - b. Massage Supervisor or Manager
  - c. Other (please specify) \_\_\_\_\_

By submitting this information, I attest that I am satisfied with full-time employment as a massage therapist, I have worked for 30 days since graduation, and that I am making training related income.