**Your Name, Title**

Street Address City, State zip

**Phone Number ▪ Email address**

**Objective**

To obtain employment as a Massage Therapist where I can utilize my skills and contribute to a healing and cohesive team.

**Massage Modalities And Training**

|  |  |  |
| --- | --- | --- |
| * Shiatsu
* Deep Tissue
* Aromatherapy
* Hot Stone Therapy
* Body Wraps
 | * Kinesiology
* Passive Joint Mobilization
* Chair Massage
* Swedish
* Sports Massage
 | * Reflexology
* Hot Stone Therapy
* Prenatal Massage
* Acupressure
* CPR Certification
 |

**Formal Education**

Milan Institute Sparks, NVGraduated mm/yyyy

**Massage Therapy Program**

* GPA

Name of High School City, STGraduated yyyy

* Diploma/GED

**Employment History**

**Massage Therapist Intern**

Milan Institute Massage Clinic Sparks, NV Start/End

* Provided massage based on client’s request
* Assessed clients through the use of SOAP notes

**Position Title**

Company Name City, ST Start/End

* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties

**Position Title**

Company Name City, ST Start/End

* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties

**Position Title**

Company Name City, ST Start/End

* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties