**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
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