

Job Opportunity
Birmingham School of Massage

Name of Establishment: Homewood Friends & Family Chiropractic Date: 06/16/16

Address: _____

Email Address: _____

Contact: John Palmer Phone #: 205-706-3757

Type of Establishment: Chiropractic

Describe the type of arrangement desired (sub-contracting, employee, etc.):

Salary or % position

If Sub-Contracting:

Percentage Split: _____ Rent on Space: _____

If Employee:

Salary: _____ List Hours/Week: _____

List Benefits:

Medical and Dental Insurance: _____

Paid Vacation: _____

Disability Insurance and Sick Pay: _____

Other: _____

What will be supplied by the establishment?

_____ Table _____ Stereo _____ Lotion & Oils _____ Linens

_____ Other (please describe): _____

What services will be supplied by the establishment?

_____ Reception & Scheduling _____ Cleaning of office space

_____ Other (please describe): _____