**LIMITLYSS WELLNESS EMPLOYMENT APPLICATION**

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| **APPLICANT INFORMATION** | |  |  |  |
| LAST NAME | | FIRST NAME & MIDDLE INITIAL | SSN | DATE OF BIRTH |
|  | |  |  |  |
| MAILING ADDRESS | | | | |
|  | | | | |
| PHONE 1 | | PHONE 2 | EMAIL ADDRESS | |
|  | |  |  | |
| Are you 18 or older? Y or N | |  | Are you a U.S. citizen? Y or N |  |
| Military service? Y or N | |  | If yes, which branch? |  |
| Are you a veteran? Y or N | |  | If yes, which war? |  |
| Convicted of a felony? Y or N | |  | If yes, please explain. |  |
|  | |  |  |  |
| **POSITION AVAILABLE –**  **NUTRITION COACH** | |  |  |  |
| Why do you want to work for Limitlyss Wellness? | | |  | |
| Why should we hire you as opposed to other qualified applicants? | | |  | |
| What experiences have prepared you for a role as a nutrition coach? | | |  | |
| What experience do you have in sales/marketing and/or health promotion? | | |  | |
| What are your three core values? | | |  | |
| Are you comfortable working in a position that is 100% commission based? | | |  | |
| Explain what holistic health means to you. | | |  | |
| What do you do on a daily basis to live a healthy lifestyle? | | |  | |
| How are you currently taking care of your spiritual health? | | |  | |
| COMMENTS | | CONCERNS | QUESTIONS | AVAILABLE START DATE |
|  | |  |  |  |
|  | |  |  |  |
| **EDUCATION** | |  |  |  |
| **SCHOOL NAME** | | **LOCATION** | **YEARS ATTENDED** | **MAJOR & DEGREE EARNED** |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
| OTHER / APPLICABLE TRAINING |  | | | |
| APPLICABLE SKILLS / PROFICIENCIES |  | | | |
|  | |  |  |  |
| **REFERENCES** | |  |  |  |
| **NAME** | | **COMPANY & POSITION** | **RELATIONSHIP** | **PHONE** |
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|  | |  |  |  |
| **EMPLOYMENT HISTORY** | |  |  |  |
| EMPLOYER NAME | | POSITION HELD | START DATE | END DATE |
|  | |  |  |  |
| MAILING ADDRESS | | | | |
|  | | | | |
| SUPERVISOR NAME | | PHONE | EMAIL ADDRESS | |
|  | |  |  | |
| STARTING RATE OF PAY | | ENDING RATE OF PAY | MAY WE CONTACT? Y or N | REASON FOR LEAVING |
|  | |  |  |  |
| EMPLOYER NAME | | POSITION HELD | START DATE | END DATE |
|  | |  |  |  |
| MAILING ADDRESS | | | | |
|  | | | | |
| SUPERVISOR NAME | | PHONE | EMAIL ADDRESS | |
|  | |  |  | |
| STARTING RATE OF PAY | | ENDING RATE OF PAY | MAY WE CONTACT? Y or N | REASON FOR LEAVING |
|  | |  |  |  |
| EMPLOYER NAME | | POSITION HELD | START DATE | END DATE |
|  | |  |  |  |
| MAILING ADDRESS | | | | |
|  | | | | |
| SUPERVISOR NAME | | PHONE | EMAIL ADDRESS | |
|  | |  |  | |
| STARTING RATE OF PAY | | ENDING RATE OF PAY | MAY WE CONTACT? Y or N | REASON FOR LEAVING |
|  | |  |  |  |
| EMPLOYER NAME | | POSITION HELD | START DATE | END DATE |
|  | |  |  |  |
| MAILING ADDRESS | | | | |
|  | | | | |
| SUPERVISOR NAME | | PHONE | EMAIL ADDRESS | |
|  | |  |  | |
| STARTING RATE OF PAY | | ENDING RATE OF PAY | MAY WE CONTACT? Y or N | REASON FOR LEAVING |
|  | |  |  |  |
|  | |  |  |  |
| **SIGNATURE** | |  |  |  |
| PRINTED NAME | | SIGNATURE (written or typed) | | DATE |
|  | |  | |  |

**When completed, please return completed application, cover letter, and resume to** [**limitlysswellness@gmail.com**](mailto:limitlysswellness@gmail.com)**. Thank you for considering employment with Limitlyss Wellness, LLC.**