**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** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|  |  |  |  |
| **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 |
|   |   |   |
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|   |   |   |   |
| EMPLOYER NAME  | POSITION HELD | START DATE | END DATE |
|   |   |   |   |
| MAILING ADDRESS |
|   |
| SUPERVISOR NAME | PHONE | EMAIL ADDRESS |
|   |   |   |
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|   |   |   |   |
| 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****. Thank you for considering employment with Limitlyss Wellness, LLC.**