

# **TB TRANSFORMING BODIES AND MINDS FITNESS**

## **Application For Employment**

In order to be considered for an employment you must submit a signed and completed application form along with a cover letter and your resume. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

**Mailed to**

Transforming Bodies and Minds Fitness: Application for Employment  
 2876 Director Cove  
 Memphis TN 38131

<b>Date</b>			
<b>First Name</b>	<b>Middle Name</b>		<b>Last Name</b>
<b>Home Address</b>			
<b>Home Telephone Number</b>		<b>Email Address</b>	
<b>Are you legally eligible to work in the U.S?</b>		<b>Age</b>	<b>Gender</b>
<b>Do you hold a Fitness/Nutrition Certification? If yes list the program, certification, and the year completed</b>			
<b>Program Name</b>			
<b>Certification Received</b>			
<b>Year Completed</b>			
<b>Program Name</b>			
<b>Certification Received</b>			
<b>Year Completed</b>			
<b>Program Name</b>			
<b>Certification Received</b>			
<b>Year Completed</b>			

## Application For Employment

<b>EDUCATION:</b>
Type of School
Name and Location
Major
Degree/ Date
Scholastic Honors and/or Licenses:
<b>EDUCATION</b>
Type of School
Name and Location
Major
Degree/Date
Scholastic Honors and/or Licenses
<b>CPR/FIRST AID CERTIFICATION: If yes, Expiration Date</b>
<b>In Fitness and Nutrition Terms: In your own words describe TRANSFORMING BODIES AND MINDS FITNESS</b>

# **TRANSFORMING BODIES AND MINDS FITNESS**

## Application For Employment

<b>Employment History</b>	
Employer Name	
Address	
Telephone number	
Supervisor Name	
Job Title/Position	
Start Date	End Date
Job Duties:	

<b>Employment History :</b>	
Employer Name	
Address	
Telephone number	
Supervisor Name	
Job Title/Position	
Start Date	End Date
Job Duties:	

# **TB TRANSFORMING BODIES AND MINDS FITNESS**

## **Application For Employment**

Reference 1

Name	Telephone Number
Company /School	
Address	
Relationship	Known How Long

Reference 2

Name	Telephone Number
Company /School	
Address	
Relationship	Known How Long

Reference 3

Name	Telephone Number
Company /School	
Address	
Relationship	Known How Long

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_