



EDUCATION:

Name & Location of School	# of Years Completed	Graduated	List Credit Hours Completed	Degree & Major
		_yes_no		
		_yes_no		
		_yes_no		
		_yes_no		

Professional Certifications/Licenses: Issued by: State Issued:	Type of License: Expiration Date:
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EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

	COMPANY NAME		YOUR POSITION and TITLE	
FROM ____ / ____ Month Year	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO ____ / ____ Month Year	TELEPHONE NUMBER ()	TERMINATION ___ VOLUNTARY ___ INVOLUNTARY	REASON FOR LEAVING	
Did you supervise staff: _ YES _ NO How many staff were under your direct supervision: _____	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION			



	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO ____ / ____ Month Year	TELEPHONE NUMBER ()	TERMINATION ____ VOLUNTARY ____ INVOLUNTARY		REASON FOR LEAVING
Did you supervise staff: x YES xNO How many staff were under your direct supervision: _____	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO ____ / ____ Month Year	TELEPHONE NUMBER ()	TERMINATION ____ VOLUNTARY ____ INVOLUNTARY		REASON FOR LEAVING
Did you supervise staff: x YES xNO How many staff were under your direct supervision: _____	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			



Professional References: Please Provide individual and company names, position, Addresses and phone numbers for 3 professional references.

Name: _____
Company: _____
Address _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____

Name: _____
Company: _____
Address _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____

Name: _____
Company: _____
Address _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____

Personal References: Please provide names, addresses, phone numbers, relationship and how long known for 3 personal references.

Name: _____
Relationship: _____
Address _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____

Name: _____
Relationship: _____
Address _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____

Name: _____
Relationship: _____
Address _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____

Special Skills: Describe any special skills/qualifications/awards:

*Life's Energy Wellness Center (LEWC Inc.) is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, spirituality, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, **LEWC Inc.** complies with applicable state and local laws governing nondiscrimination in employment in every jurisdiction in which it maintains facilities. **LEWC Inc.** also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.*



I, _____ affirm that the above answers are true and complete to the best of my Knowledge. I authorize Life's Energy Wellness Center Inc, to investigate any statement contained in this application, and to obtain a background check, and certification/license verification as necessary to determine my qualifications. I understand that this application is not intended in any way to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all regulations, policies, procedures, rules and requirements of Life's Energy Wellness Center Inc.

Print Name: _____

Date Of Birth: _____

Applicant Signature: _____

Date: _____