

		F	TNESS & WELL	N E S S		Date of Applica	ation
ob App	licatio	n l					
osition			E	mploymen	t Typ	<b>e</b>	
Front desk	Personal train	er 🔲 l	Pilates instructor	Full-T	ime	Part-Time Co	ontra
ersonal Informat	ion						
Full Name							
Address							
Phone		Emai	I		DoB		
Driving License	☐ No	Y	es,		Yea	rs of work	
Marital Status	Single	N	larried, number of	dependent(s	)		
ducational Back	ground						
Level of education			School/University/	Institute	Yea	r of completion/curren	ıt
mployment Histo	ory						
Company			Position Ye		ar	r Reason for Leaving	
kills & Training							
Skill & Training Achievement(s)		s)	Level	Ye	ar	Institute	

## References

Name	Number	Relation

## **Availability**

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Attach your resums and cover letter to this file Send to Sheridan at the email provided below. Feel free to call with any questions.