

Professional's Application

APPLICANT INFORMATION

First: _____ MI: _____ Last: _____

DOB: _____ SSN: _____

_____/_____/_____
Primary Phone Number: _____ Email: _____

(____)-____-_____
Home Address: _____

Apartment/Suite Number: _____

City: _____ State: _____ Zip: _____

Do you have regular access to a liable exercise/fitness facility? Y N
If yes, please explain (i.e. my employer, my home gym, park/rec center, etc.): _____

WORK EXPERIENCE

Employer:

Title/Position Held: _____ Employed From: _____ To: _____

_____/_____/_____
Manager's Name: _____ Title: _____

Manager's Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Business' Phone Number: _____ Website: _____

Employer: _____

Title/Position Held: _____ Employed From: _____ To: _____

Manager's Name:

Title:

Manager's Phone Number:

Email:

Address:

City:

State: Zip:

Business' Phone Number:

Website:

EDUCATION/CERTIFICATIONS

(Fill in all previously and currently withheld in chronological order)

Certification Name:

Certification Authority:

License Number:

From: To:

Certification URL:

Certification Name:

Certification Authority:

License Number:

From: To:

Certification URL:

Certification Name:

Certification Authority:

License Number:

From:

To:

Certification URL:

Certification Name:

Certification Authority:

License Number:

From:

To:

Certification URL:

Certification Name:

Certification Authority:

License Number:

From:

To:

Certification URL:

Certification Name:

Certification Authority:

License Number:

From:

To:

Certification URL:

HIGH SCHOOL

Name of School:

Street

City

State

Zip

Years Attended:

From

To

Graduated

Y

N

Degree Earned

Major

GPA

UNDERGRADUATE

Name of School:

Street

City

State

Zip

Years Attended

From

To

Graduated

Y

N

Degree Earned

Major

Minor

GPA

GRADUATE

Name of School:

Street

City

State

Zip

Years Attended

From

To

Graduated

Y

N

Degree Earned

Major

Minor

GPA

DOCTORATE

Name of School:

Street: _____ City: _____ State: _____ Zip: _____

Years Attended: From: _____ To: _____

Graduated: Y N Degree Earned: _____

Major: _____ Concentration: _____

GPA: _____ Access to School Fitness Center: Y N

Are you registered with IdeaFit?
Y N

How do you complete your continuing education credits (Or do you recertify by exam per expiration)?

Please provide a formally written "Statement of Purpose" from no less than one to no more than two pages, double spaced, Arial, size 12 font, about your passion(s) in your health & fitness profession, why you deserve to be a partner of Health Possible Inc., and what character traits you will bring or build to it's name and it's reputation, including any specialties. Please conclude with how you will stand up for, educate, enforce, and additionally market the Health Possible Inc. mission in your own community.