



An Equal Opportunity Employer
 Contemporary Nutrition, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Personal Information *Please print and fill out all sections or write "Not Applicable" or "NA" where appropriate.*

First Name _____ **Last Name** _____
Maiden _____ **Telephone #** _____
if applicable
Address _____ **Other #** _____
City _____ **Email** _____
State _____ **Zip** _____ **Preferred Office** (circle) *Morehead City* *New Bern*

Position Applying For _____ **Date Available** _____

Areas of Specialty Interest
 Bariatrics Diabetes Food Allergies Pediatric Nutrition Weight Mgmt
 Cardiac Health Eating Disorders Gastroenterology Vegetarian Nutrition _____

Special Skills or Certifications

Availability (Please place an X on the times you are NOT available)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
7 am							Our Dietitians & Staff have the opportunity to develop their schedule to meet their needs. Most of our staff work a traditional 8:30 am - 5:30 pm schedule. Some of our staff work longer, 10 hour days, only 4 days each week.
8 am							
9 am							
10 am							
11 am							
12 pm							
1 pm							
2 pm							
3 pm							We occasionally have projects, health fairs, travel, or speaking engagements that occur on the weekends and evenings; however, Sundays are for church & family.
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N

If you have answered yes, please explain:

Contemporary Nutrition, Inc. is a healthcare facility. Tobacco use during work hours is prohibited. All employees are subject to drug screening.

Employment History

Current/Most Recent Employer

Company Name _____

City/State/Zip _____ Telephone _____

Starting Position _____ Last Position _____

Start Date _____ End Date _____

Start Pay \$ _____ Last Pay \$ _____

Supervisor _____ Reason for Leaving _____

May we contact your supervisor? _____ If no, why not? _____

Duties _____

Previous Employer

Company Name _____

City/State/Zip _____ Telephone _____

Starting Position _____ Last Position _____

Start Date _____ End Date _____

Start Pay \$ _____ Last Pay \$ _____

Supervisor _____ Reason for Leaving _____

May we contact your supervisor? _____ If no, why not? _____

Duties _____

Personal References

Name _____ Relationship _____

Telephone _____ Email _____

Name _____ Relationship _____

Telephone _____ Email _____

Professional References

Name _____ Relationship _____

Telephone _____ Email _____

Name _____ Relationship _____

Telephone _____ Email _____

****Please attach your resume to the application.****