



Contemporary Nutrition, Inc. is an equal opportunity employer. Applicants are considered for employment without regard to race, age, color, national origin, ancestry, religion, gender, pregnancy, or marital status. Please complete this application for employment as thoroughly as possible. The information you provide will be kept confidential.

ALL APPLICANTS MUST SUBMIT THIS APPLICATION, A RESUME, and REFERENCES.

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

First Name _____	Middle _____
Last Name _____	Mobile # _____
Address _____	Other # _____
City _____	Email _____
State _____ Zip _____	Date Available _____
Preferred Office Morehead City "*****New Bern	RDN Position Registered Dietitian Lead Registered Dietitian

Areas of Specialty Interest	Bariatrics	Diabetes	Food Allergies	Pediatrics
	Cardiac Health	Eating Disorders	Gastroenterology	Plant Based
Special Skills or Certifications - Please list:				

EMPLOYMENT HISTORY *Please list for the past ten years (or last four employers). Start with your present status and note any periods in which you were not employed. Please complete in full even if resume is attached.*

Employer ID/Company _____	Your Position _____
Address _____	City, State, Zip _____
Supervisor's Name _____	Supervisor's Title _____
Phone # _____	Contact Email _____
Dates of Employment <i>Start (mo/yr)</i> _____ <i>Last (mo/yr)</i> _____	
Salary / Commission <i>Beginning</i> _____ <i>Ending</i> _____	
Uw o ct { 'qhl{ qwt 'f wlgu _____	
Reasons for leaving _____	<i>May we contact this employer?</i> Yes No

Employer ID/Company _____	Your Position _____
Address _____	City, State, Zip _____
Supervisor's Name _____	Supervisor's Title _____
Phone # _____	Contact Email _____
Dates of Employment <i>Start (mo/yr)</i> _____ <i>Last (mo/yr)</i> _____	
Salary / Commission <i>Beginning</i> _____ <i>Ending</i> _____	
Uw o ct { 'qhl{ qwt 'f wlgu _____	
Reasons for leaving _____	<i>May we contact this employer?</i> Yes No

cont. EMPLOYMENT HISTORY

Employer ID _____
 Company Name _____
 Address _____
 Supervisor's Name _____
 Phone # _____
 Dates of Employment *Start (mo/yr)* _____
 & Salary / " Commission *Beginning* _____

Your Position _____
 City, State, Zip _____
 Supervisor's Title _____
 Contact Email _____
 Last (mo/yr) _____
 Ending _____

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Reasons for leaving _____ *May we contact this employer?* Yes No

Employer ID _____
 Company Name _____
 Address _____
 Supervisor's Name _____
 Phone # _____
 Dates of Employment *Start (mo/yr)* _____
 & Salary / " Commission *Beginning* _____

Your Position _____
 City, State, Zip _____
 Supervisor's Title _____
 Contact Email _____
 Last (mo/yr) _____
 Ending _____

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Reasons for leaving _____ *May we contact this employer?* Yes No

REFERENCES

Please list 2 professional references and 2 personal/character references.

1 Name	Relationship
Phone #	Email
2 Name	Relationship
Phone #	Email
3 Name	Relationship
Phone #	Email
4 Name	Relationship
Phone #	Email

Submission of this application authorizes Contemporary Nutrition, Inc. and its' employees to conduct a complete background of me, my former business relations, and employment. All applicants must have a valid driver's license. I understand that all employees are subject to a drug screening. Contemporary Nutrition's standard hours of operation are between 8:30 am - 5:30 pm Monday - Friday. Our team occasionally has projects, health fairs, travel, or speaking engagements on Saturdays or evenings but these are limited and have advance notice.

I certify that this application was completed by me and all information is true to the best of my knowledge. Please attach your resume and submit to erobinson@contemporarynutrition.org.