

# Application

Name: \_\_\_\_\_  
First Last

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_

Home Ph: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Ph: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

email: \_\_\_\_\_

**Education:**

High School	yes	no
College	yes	no
Business School	yes	no
Trade School	yes	no
Other _____		

**Position Desired:**

Sales person	yes	no
Sales Manager	yes	no
Part Time	yes	no
Full Time	yes	no

**Previous work experience:**

	Where	Date
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

How many hours can you work per day? \_\_\_\_\_ How many days can you work per week? \_\_\_\_\_

I'm a self starter	yes	no
I'm money motivated	yes	no
I'm a people person	yes	no
I have fun working	yes	no
I like to help people	yes	no
I like to support people	yes	no
I'm analytical and need.....		
...to know all the details	yes	no

**What are your greatest assets:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Commission Desired...Please Circle**

- \$0-\$20,000
- \$20,000-\$40,000
- \$40,000-\$60,000
- \$60,000-\$80,000
- \$80,000-\$100,000
- \$100,000-\$150,000
- \$150,000-\$200,000
- \$200,000-\$250,000
- \$250,000-\$300,000
- \$300,000 +

Have you ever been arrested?    yes    no    Have you ever been convicted of a felony?    yes    no

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Sign Name \_\_\_\_\_ Date \_\_\_\_\_

On acceptance by Healthy Systems Nutritionals, the applicant shall become an independent representative conducting business for representative's own account and not an agent or employee of Healthy Systems Nutritionals.

As an independent representative, each representative shall be responsible for their entire operation including payment of all income taxes, social security, unemployment and other taxes.

Healthy Systems Nutritionals will file form 1099 or equivalent on each representative at the close of the calendar year as required by the IRS.

Healthy Systems Nutritionals will not withhold from the commission due representative any amount for income taxes, social security, unemployment or other items required to be withheld from the wages of employees.

Sign \_\_\_\_\_ Date \_\_\_\_\_

**Healthy Systems Nutritionals**  
PO Box 633  
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Ellwood City, PA 16117  
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