

RAW MOXIE QUESTIONNAIRE

YOUR NAME: _____

OTHER NAMES YOU HAVE USED: _____

TELEPHONE: _____ (H) _____ (W) _____ (C)

HOME ADDRESS: _____

_____ ZIP CODE: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

OCCUPATION: _____

(If retired, please indicate former occupation or profession.)

GENERAL EDUCATION: _____

RAW FOOD TRAINING : _____

RAW FOOD RELATED EXPERIENCE: _____

WHY ARE YOU INTERESTED IN WORKING WITH RAW MOXIE? _____

WHAT TOWNS/CITIES ARE YOU MOST INTERESTED IN SERVING? _____

WHAT DID YOU LIKE BEST ABOUT THE RAW MOXIE WEBSITE?

WHAT DID YOU LIKE LEAST ABOUT THE RAW MOXIE WEBSITE?

DESCRIBE YOUR PERSONAL COMMITMENT TO RAW FOOD _____

PLEASE GIVE AS MUCH INFORMATION AS POSSIBLE WHEN ANSWERING EACH OF THE ABOVE QUESTIONS. ATTACH EXTRA PAGES AS NECESSARY.

FINALLY, PROVIDE A COPY OF YOUR CERTIFICATION FOR YOUR RAW FOOD TRAINING WHEN YOU SUBMIT YOUR QUESTIONNAIRE (REQUIRED) AND A COPY OF YOUR GENERAL RESUME (OPTIONAL).

I DECLARE UNDER PENALTY OF PERJURY, THAT ALL STATEMENTS IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. EXECUTED THIS ____ DAY OF _____, 20____, IN _____, _____, _____.

(City) (State) (Country)

Signature of Applicant

Please return application and required supplemental questionnaire to:

Raw Moxie

By email to office@rawmoxie.com

Or by fax to 916-688-4139

Or by regular mail to

Raw Moxie

P.O. Box 293435

Sacramento, CA 95829

USA