



**DALLAS/FORT WORTH INTERNATIONAL AIRPORT**  
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EDWARD DUNAGAN  
CONTRACT ADMINISTRATOR  
PROCUREMENT AND MATERIALS MANAGEMENT

### **Invitation for Registered Dieticians/Life Coach**

Applications for registered dietician to provide dietary consultations to DFW Airport LiveWell Center working in partnership with annual programming are being accepted. Ideal candidates will work directly with the population to coordinate appointment times on an as needed basis. This listing will be updated monthly or as other opportunities become available. Please fill out the following application for independent contractors for our review and consideration. It is important to note that this application is for independent contractors only and is not considered for DFW Airport employment.

Please send your completed form to

Email: [LiveWell@dfwairport.com](mailto:LiveWell@dfwairport.com)

Fax: 972.973.1610

Questions about this listing please contact LiveWell Center 972.973.1612.



## Registered Dietician Information

### Vendor Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address: Number and street \_\_\_\_\_ City \_\_\_\_\_  
State & Zip \_\_\_\_\_ How were you referred to Company?: \_\_\_\_\_

Services able to provide: \_\_\_\_\_

Service Selection list:

- Consultation
- Meal Planning
- Lifestyle Behavior Coach – must be certified
- Health Educator

List Specialty name – if not listed above please describe along with listing below:

\_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

If available for temporary work, when will you be available? \_\_\_\_\_

If selected as a DFW Vendor on what date can you start working? \_\_\_ / \_\_\_ / \_\_\_

Can you work early mornings?  Y or  N      Can you work evenings?  Y or  N

Please provide currently hourly rate \_\_\_\_\_

Do you possess a certification from any of the following agencies?

Central Texas Regional Certification Agency

Women's Business Council – Southwest

Dallas/Fort Worth Minority Business Council.

Please list \_\_\_\_\_

Do you carry Instructor Liability Instructor Insurance?  Y or  N

Personal Information

Have you ever applied to / worked for Company before?  Y or  N

If yes, please explain (include date): \_\_\_\_\_

If hired, would you have transportation to/from work?  Y or  N

Are you over the age of 18? If under 18, do you have working papers?  Y or  N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Y or  N

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

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_ (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense.)

## Training, and Experience

Fitness Certifications:

Certification Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Year attained: \_\_\_\_\_

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Organization: \_\_\_\_\_

Year attained: \_\_\_\_\_

Current Employment:

Organization: \_\_\_\_\_

Instruction Time: \_\_\_\_\_

Class Format: \_\_\_\_\_

Current Employment:

Organization: \_\_\_\_\_

Instruction Time: \_\_\_\_\_

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Current Employment:

Organization: \_\_\_\_\_

Instruction Time: \_\_\_\_\_

Class Format: \_\_\_\_\_

## Education

High School:

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Y or  N

Degree / diploma earned: \_\_\_\_\_

College / University:

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Y or  N

Degree / diploma earned: \_\_\_\_\_