**プロフィール申請書** 　　　　年　　月　　日現在

記入上の注意　　　1：当履歴書のご返送は致しませんのでご了承ください。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | フリガナ |  | | | | | | | 鑑定師名　　（※他社在籍の場合） | | | | | | 本　　名 |  | | | | | | |  | | | | | | 生年月日西暦 |  | 年 |  | 月 |  | | 日 生 | （満 |  | 才） | | 性別 | | 男　・ 女 | | 扶養家族数  （配偶者を除く） |  | 人 | 配偶者 | | | 子供 | | |  | 人 | 家族介護 | | | 有 ・ 無 | | | 有 ・ 無 | | | 有 ・ 無 | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 鑑定経歴 | 対面 |  | 年 |  | ヶ月 | 電話 |  | 年 |  | ヶ月 | メール |  | 年 |  | ヶ月 | | 使用占術 | 霊感　・　霊視　・　霊聴　・　未来透視　・　　前世　・　思念伝達　・　守護霊　・　守護天使　・　風水　・　タロット全般　・　姓名判断易　・　パワーストーン　・　手相　・　人相　・　除霊　・　浄霊　・　オーラスピリチュアル　・　縁結び　・　縁切り　・ 東洋占星術　・　西洋占星術　・　四柱推命　・　数秘術　・　ヒーリング全般　・　霊界交信　・　自動書記　・　紫微斗数　・　奇門遁甲　・　ヒプノセラピー | | | | | | | | | | | | | | | | その他 | |  | | | | | | | | | | | | | | 得意相談 | 恋愛　・　結婚　・　不倫　・　復縁　・　仕事　・　対人関係　・　家庭　・　金運　・　運勢　・　過去　・　未来　・　心　・　人生 | | | | | | | | | | | | | | | | その他 | |  | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | フリガナ |  | | | 携帯電話 | | 現住所　　〒 |  |  | |  | |  | | | | 固定電話 | |  | | フリガナ |  | | | 携帯アドレス　（必須） | | 連絡先　　〒 |  | （実家、現住所以外に連絡を希望する場合） | |  | |  | | | 方 | PCアドレス | |  |  |  |  |  | | --- | --- | --- | | 年 | 月 | 学歴・職歴　（各項目ごとにまとめて書く） | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| |  |  |  | | --- | --- | --- | | 確認事項 | ひと月の目標報酬金額 |  | | ひと月に必要な最低金額 |  | | 報酬金の主な使用用途 |  | | 報酬金以外の収入 |  | | ひと月に待機可能な時間 |  | | ご家族の同意をきちんと得ていますか？ | はい 　・ 　いいえ | | 体調不良によるスケジュール変更は病院領収書が必要です | はい　 ・ 　いいえ | |  | | |  |  |  | | --- | --- | | 志望の動機 |  | |  | | |  | | |  | | |  | | |  | |  |  |  | | --- | --- | | 占いやスピリチュアルな体験・活動実績など |  | |  | | |  | | |  | | |  | | |  | |  |  |  | | --- | --- | | お客様に向けてのPR |  | |  | | |  | | |  | | |  | | |