



# APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Home Telephone		Other Telephone
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## POSITION

Position Applying for	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary
Salary Desired	Date Available

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, list the highest grade completed						
<b>Higher Education (Most recent first)</b>						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	
Languages Read, Written, Signed or Spoken Fluently Other Than English						

## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)
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## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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**WORK EXPERIENCE (Most Recent First) (Include volunteer and military experience)**

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Starting Salary
		Ending Salary
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Starting Salary
		Ending Salary
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Starting Salary
		Ending Salary
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Starting Salary
		Ending Salary
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**References (Please list three professional references)**

Full Name	Telephone Number
Company	Relationship
Address	
Full Name	Telephone Number
Company	Relationship
Address	
Full Name	Telephone Number
Company	Relationship
Address	

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal. My signature on this document acknowledges that I have applied for at-will employment with DEAF, Inc. and authorize DEAF, Inc. to contact prior employers and other references that I have provided as part of this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Deaf Empowerment Awareness Foundation DBA DEAF, Inc. embraces diversity among our staff; we are an equal opportunity employer that does not discriminate based on race, color, religion, gender, national origin, disability, age, or sexual-orientation. Auxiliary aids and services are available to persons with disabilities upon request.