

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)	(7in)			
Address (Mailing Address)	(City)				(State)	(Zip)		
E-Mail Address			Home Telephone		•	Other Telepho	ne	
Are you 18 years of age or older? Yes No			Are you legally entitled to work in the U.S.?			the U.S.? 🔲 Y	es 🗌 No	
POSITION								
Position Applying for					Will Accept: Part-Time Full-Time Temporary			
Salary Desired					Date Available			
EDUCATION AND TRAINING								
High School Graduate Or General Education (GED) Test Passed? Yes No If no, list the highest grade completed								
Higher Education (Most recent	first)					T		
Name and Location	Dates Attende Month/Ye	d Quarter	ly or ster	Other (Specify)	Graduate	Degree & Year	Major or Subject	
	From				☐ Yes			
	То				☐ No			
	From				Yes			
	То				∐ No			
	From				Yes			
	То				☐ No			
	From				Yes			
	То				∐ No			
Occupational License, Certificate or Registration		Number		wner	e Issued		Expiration Date	
Occupational License, Certificate or Registration		Number	Where Issued			Expiration Date		
Languages Read, Written, Signed or Spo	ken Fluently	Other Than Eng	jlish				1	
SDECIAL SKILLS /Liet all moutin	ant akilla an	d caulmaant i	hat va		ia)			
SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)								
(Maximum 1000 characters)								
VETERAN INFORMATION (Most recent)								
VETERAN INFORMATION (Most recent) Branch of Service				Date	Date of Entry Date of Discharge			

Employer	WORK EXPERIENCE (Most Recent First) (Include vo	olunteer and military experi	ence)			
Supervisor	Employer	Telephone Number	From (Month/Year)			
Specific Duties (Maximum 1000 characters) Reason For Leaving Rea	Address					
Reason For Leaving		Supervisor	To (Month/Year)			
Reason For Leaving May We Contact This Employer? Yes No Employer Telephone Number From (Month/Year) May We Contact This Employer? Yes No Employer Telephone Number From (Month/Year) Month May We Contact This Employer? Yes No Employer Telephone Number From (Month/Year) May We Contact This Employer? Yes No Employer Telephone Number From (Month/Year) May We Contact This Employer? Yes No Employer Telephone Number May We Contact This Employer? Yes No Employer Telephone Number Month May We Contact This Employer? Yes No Employer Month May We Contact This Employer? Yes No Employer Month May We Contact This Employer? Yes No Employer Month May We Contact This Employer? Yes No Employer May We Contact This Emp	Specific Duties (Maximum 1000 characters)					
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Reason For Leaving May We Contact This Employer? \ \ \text{vs} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Starting Salary		
Reason For Leaving May We Contact This Employer? \ \ \text{vs} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
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Address Supervisor To (Month/Year)		1	May We Contact This I	T		
Job Title Supervisor To (Month/Year)		Telephone Number		From (Month/Year)		
Specific Duties (Maximum 1000 characters) Hours Per Week Starting Salary Ending Salary Ending Salary Ending Salary Ending Salary Address Job Title Supervisor To (Month/Year) Hours Per Week Starting Salary Hours Per Week Starting Salary Hours Per Week Starting Salary Ending Salary En		1				
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Deaf Empowerment Awareness Foundation DBA DEAF, Inc. embraces diversity among our staff; we are an equal opportunity employe that does not discriminate based on race, color, religion, gender, national original, disability, age, or sexual-orientation. Auxiliary aids and services are available to persons with disabilities upon request.