

6/9/10

The Learning Center for the Deaf
Framingham, Massachusetts
EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name: _____ Phone Number: _____ V TTY
Street: _____ City: _____ State: _____ Zip Code: _____
Social Security #: _____ Driver's License #: _____ State: _____ Class: _____ Exp. Date: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

Will you need sponsorship from The Learning Center for the Deaf now or at any time in the future for employment authorization? YES NO

EMPLOYMENT DESIRED

Position: _____ Date Available to Start: _____ Salary Desired: _____
Work Schedule Desired (please circle one): Full-Time Part-Time
Shifts Desired (if applicable): Day Evening Other
How did you learn of this position? _____

EDUCATION

	<u>Name of School</u>	<u>Location</u>	<u>Major</u>	<u>Dates</u>	<u>Degree</u>
<u>High School</u>					
<u>College</u>					
<u>Grad School</u>					

List any certifications or licenses you hold that would help qualify you for employment:

List any job-related professional or technical organizations to which you belong:

List any computer software and hardware skills you have:

Foreign languages spoken:

EMPLOYMENT HISTORY (Please list all employers and periods of unemployment)

Employer: _____ Phone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Position/Title: _____ Dates of Employment: from _____ to _____

Supervisor's Name: _____ Supervisor's Phone #: _____

Reason for leaving: _____

Employer: _____ Phone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Position/Title: _____ Dates of Employment: from _____ to _____

Supervisor's Name: _____ Supervisor's Phone #: _____

Reason for leaving: _____

Employer: _____ Phone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Position/Title: _____ Dates of Employment: from _____ to _____

Supervisor's Name: _____ Supervisor's Phone #: _____

Reason for leaving: _____

Employer: _____ Phone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Position/Title: _____ Dates of Employment: from _____ to _____

Supervisor's Name: _____ Supervisor's Phone #: _____

Reason for leaving: _____

REFERENCES (List 3 persons not related to you who have known you at least one year)

Name: _____ Relationship: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Number of years known: _____

Name: _____ Relationship: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Number of years known: _____

Name: _____ Relationship: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Number of years known: _____

The Learning Center for the Deaf provides equal employment opportunity without regard to an applicant's race, color, religion, national origin, sex, age, disability, or veterans' status.