

**The Learning Center for the Deaf  
Framingham, Massachusetts  
EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  V  VP  TTY  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

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 (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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Foreign languages spoken:

\_\_\_\_\_

## EMPLOYMENT HISTORY (please list all employers and periods of employment)

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 YOU HAVE KNOWN FOR AT LEAST ONE YEAR AND NOT OF RELATION)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ 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.**