

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: _____

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.