

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:

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

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List any computer software and hardware skills you have:

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Foreign languages spoken:

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**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.**