



THE LEARNING CENTER FOR THE DEAF

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name: _____ Phone: _____ V VP TXT

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

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

POSITION INFORMATION

Position: _____ Date Available to Start: _____

Work Schedule Desired (circle one): Full-time Part-time

Shifts Desired (if applicable): Day Evening Other

How did you learn of this position (check all that apply): TLC Website Facebook MA Deaf Terp Deaf Digest

Indeed ZipRecruiter School Spring College/University - Name: _____

Other – Name: _____

TLC Employee – Name: _____

EDUCATION

	<u>NAME OF SCHOOL</u>	<u>LOCATION</u>	<u>MAJOR</u>	<u>DEGREE</u>	<u>COMPLETED</u> (circle one)
<u>HIGH SCHOOL</u>					YES / NO
<u>COLLEGE</u>					YES / NO
<u>GRAD SCHOOL</u>					YES / NO

List all licensure or certifications that would qualify you for employment:

List all job-related organizations you belong to:

Other Languages: _____

EMPLOYMENT HISTORY

Employer: _____ Phone #: _____

City: _____ State: _____

Position/Title: _____ Dates of Employment: From _____ To _____

Supervisor's Name: _____ Supervisor Email: _____

Full-time Part-time Reason for Leaving: _____

Employer: _____ Phone #: _____

City: _____ State: _____

Position/Title: _____ Dates of Employment: From _____ To _____

Supervisor's Name: _____ Supervisor Email: _____

Full-time Part-time Reason for Leaving: _____

Employer: _____ Phone #: _____

City: _____ State: _____

Position/Title: _____ Dates of Employment: From _____ To _____

Supervisor's Name: _____ Supervisor Email: _____

Full-time Part-time Reason for Leaving: _____

REFERENCES (PROVIDE 3 PROFESSIONAL/SUPERVISORY REFERENCES)

Name: _____ Relationship: _____

Email: _____

Name: _____ Relationship: _____

Email: _____

Name: _____ Relationship: _____

Email: _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

SIGNATURE _____ **DATE** _____

By signing this TLC Application by electronic signature, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of The Learning Center for the Deaf to afford equal opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, military status, sexual orientation, disability, genetic information, gender identity, gender expression or gender unless based upon a bona fide occupational qualification.