



APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Home Telephone		Other Telephone
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position Applying for	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary
Salary Desired	Date Available

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No
 If no, list the highest grade completed

Higher Education (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date

Languages Read, Written, Signed or Spoken Fluently Other Than English

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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WORK EXPERIENCE (Most Recent First) (Include volunteer and military experience)

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Starting Salary
		Ending Salary
		Reason For Leaving
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Starting Salary
		Ending Salary
		Reason For Leaving
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Starting Salary
		Ending Salary
		Reason For Leaving

References (Please list three professional references)

Full Name	Telephone Number
Company	Relationship
Address	
Full Name	Telephone Number
Company	Relationship
Address	
Full Name	Telephone Number
Company	Relationship
Address	

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal. My signature on this document acknowledges that I have applied for at-will employment with DEAF, Inc. and authorize DEAF, Inc. to contact prior employers and other references that I have provided as part of this application.

Signature of Applicant _____ **Date** _____

Deaf Empowerment Awareness Foundation DBA DEAF, Inc. embraces diversity among our staff; we are an equal opportunity employer that does not discriminate based on race, color, religion, gender, national original, disability, age, or sexual-orientation. Auxiliary aids and services are available to persons with disabilities upon request.