



## **Application for Employment**

First & Last Name	Social Security #
Address	Home Phone
City, State, Zip	Cell Phone
Email Address	Fax #

How did you learn about the current job position? (Please Circle)
Friend   Walk-In   Newspaper Ad   Current Employee   Website   Other: _____

<p>Have you ever worked for the Deaf and Hard of Hearing Service Center before? (Please Circle)</p> <p>Yes   No</p> <p>If yes, When? _____</p>
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<p>Do you have any friends or relatives who work for the Deaf and Hard of Hearing Service Center? (Please Circle)</p> <p>Yes   No</p> <p>If yes, please list their name(s) and work location(s):</p>
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School	Name and location of school	Course of study	No. of Years Completed	Year Graduated	Degree Earned
High School					
College					
Other special training or skills					

<p>If hired when will you be able to start working? _____</p> <p>Have you ever applied for employment with us before (Please Circle) Yes   No</p>
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<p>Have you ever been convicted of a felony? (Please Circle) Yes   No</p> <p>If yes, please explain _____</p>
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Company		Phone Number
Your job title, duties, and responsibilities		
Dates Employed		Supervisor Name and Title
Employer's Address	City, State, Zip Code	
Reason for Leaving		
Is it ok to contact this employer? (Please Circle) Yes      NO		

Company		Phone Number
Your job title, duties, and responsibilities		
Dates Employed		Supervisor Name and Title
Employer's Address	City, State, Zip Code	
Reason for Leaving		
Is it ok to contact this employer? (Please Circle) Yes      NO		

Company		Phone Number
Your job title, duties, and responsibilities		
Dates Employed		Supervisor Name and Title
Employer's Address	City, State, Zip Code	
Reason for Leaving		
Is it ok to contact this employer? (Please Circle) Yes      NO		

Company		Phone Number
Your job title, duties, and responsibilities		
Dates Employed		Supervisor Name and Title
Employer's Address	City, State, Zip Code	
Reason for Leaving		
Is it ok to contact this employer? (Please Circle) Yes      NO		

I certify that the facts provided in the above employment application are true, accurate, and complete and I authorize the Deaf and Hard of Hearing Service Center to verify the accuracy of information provided and to obtain reference information on my work performance. I release the Deaf and Hard of Hearing Service Center from any and all liability that might result in an investigation. I understand, if employed, falsified statements, misrepresentations of any kind, or omission of facts on the application for employment will be cause for termination of employment.

The Deaf and Hard of Hearing Service Center, Inc. is an equal opportunity employer and does not discriminate against applicants on the basis of race, color, sex, religion, national origin, age, disability, sexual orientation, marital status, retaliation, and ancestry. The Deaf and Hard of Hearing Service Center is an At-Will employer, which means the terms, and conditions of employment may be terminated by the employer or employee at anytime for any reason, just not an illegal reason.

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Signature of Applicant

Date

**RESUME      THREE LETTERS      RECOMMENDATION**