



PERSONAL (Please Print Clearly)

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: _____

Have you ever worked for the Deaf and Hard of Hearing Service Center before? (Please Circle)

Yes No

If yes, When? _____

Do you have any friends or relatives who work for the Deaf and Hard of Hearing Service Center? (Please Circle)

Yes No

If yes, please list their name(s) and work location(s):

Education

School	Name of School or University	Course of study	No. of Years Completed	Year Graduated	Degree Earned
Highest Level of Education					
School or University Information	Address		Phone Number		
Other special training or skills					
Certifications		Type of Certification	Certification ID/Number		

If hired when will you be able to start working? _____
Have you ever applied for employment with us before (Please Circle) Yes No

Have you ever been convicted of a felony? (Please Circle) Yes No
If yes, please explain _____

Work History

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		

Applicant's Certification and Agreement

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.

Signature of Applicant

Date

Please submit your application and resume to the Human Resources Department to be considered an applicant for the position you are applying for.