



Application for Employment

PERSONAL (Please Print Clearly)

First & Last Name	
Address	Home Phone
City, State, Zip	Cell Phone
Email Address	Video Phone
Position You Are Applying For:	

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	No. of Years Completed	Degree Earned
Use Highest Level of Education			
School or University Information	Address	Phone Number	
Other special training or skills			
Certifications/Professional Licenses	Type of Certification	Cert./Lic. Number	

If hired, when would you be able to start working? _____

Have you ever applied for employment with us before (Please Circle) Yes No

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		

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, gender identity, marital status, retaliation, ancestry, or any other protected class. The Deaf and Hard of Hearing Service Center is an at-will employer, which means either the employee or the employer may terminate employment at any time for any reason.

Signature of Applicant

Date

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