



APPLICATION FOR EMPLOYMENT

*Deaf Empowerment, Inc.
1478 Kenwood Drive
Menasha, WI 54952*

Personal Information

First Name		Middle Initial	Last Name	
Address				
City		State	Zip Code	
Telephone		Cellular		Pager
<input type="checkbox"/> Voice <input type="checkbox"/> TTY				
Email Address			Social Security Number:	

Position

Position applying for:
Where did you hear about this opening?

Education

Highest Level of Education Completed				
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Some College	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Mater's Degree
Name and location of college or technical school, if applicable:				
Major:			Graduated:	

References (List 3 reference who know your work. Please do not include family.)

First Name		Last Name		Telephone		<input type="checkbox"/> Voice <input type="checkbox"/> TTY	
Address				City	State	Zip Code	
Email			Relationship				
First Name		Last Name		Telephone		<input type="checkbox"/> Voice <input type="checkbox"/> TTY	
Address				City	State	Zip Code	
Email			Relationship				
First Name		Last Name		Telephone		<input type="checkbox"/> Voice <input type="checkbox"/> TTY	
Address				City	State	Zip Code	
Email			Relationship				

Employment History (List your most recent employer first and work backwards.)

Company Name		Your Position			
Address		City		State	Zip Code
Phone Number	<input type="checkbox"/> Voice <input type="checkbox"/> TTY	Date Sartet	Date Ended	Supervisor Name	
Job Responsibilities				Reason For Leaving	
Company Name		Your Position			
Address		City		State	Zip Code
Phone Number	<input type="checkbox"/> Voice <input type="checkbox"/> TTY	Date Sartet	Date Ended	Supervisor Name	
Job Responsibilities				Reason For Leaving	
Company Name		Your Position			
Address		City		State	Zip Code
Phone Number	<input type="checkbox"/> Voice <input type="checkbox"/> TTY	Date Sartet	Date Ended	Supervisor Name	
Job Responsibilities				Reason For Leaving	
Company Name		Your Position			
Address		City		State	Zip Code
Phone Number	<input type="checkbox"/> Voice <input type="checkbox"/> TTY	Date Sartet	Date Ended	Supervisor Name	
Job Responsibilities				Reason For Leaving	
Company Name		Your Position			
Address		City		State	Zip Code
Phone Number	<input type="checkbox"/> Voice <input type="checkbox"/> TTY	Date Sartet	Date Ended	Supervisor Name	
Job Responsibilities				Reason For Leaving	

Job Skills / Background

Computer Skills

Volunteer Experiences

Grant Writing and/or Fund Raising Experiences

Organizing Experiences

Licenses or Certifications Held

Describe Your ASL Abilities

Describe Your English Abilities

Describe Your Abilities To Work With Others

Describe Your Experiences With Budgeting and Financial Management

Describe Your Marketing/Public Relations Experience

Any Additional Information You Wish To Share

Criminal Background

Have you ever been convicted, fined, incarcerated (jailed), placed on probation and/or community control (house arrest), taken into custody by a law enforcement officer, participated in any type of pretrial intervention program, or had adjudication withheld other than in a minor traffic violation?

Yes

No

If yes, please describe the offense.

By signing below, you authorize Deaf Empowerment, Inc. to run a criminal background check with the state of Wisconsin. Due to the highly sensitive nature of employment with Deaf Empowerment complete honesty in regards to criminal background is expected.

I _____ authorize Deaf Empowerment, Inc. to run a criminal
background check with the State of Wisconsin.
Print Full Name

Maiden Name	Date of Birth
Signature	Date

Authorization

By signing below, you swear that this application is complete and accurate to the best of your knowledge. Your signature also shows that you understand that any misrepresentation on this application is grounds for your withdrawal from consideration for a position with Deaf Empowerment. It also can be grounds for dismissal if you hired by Deaf Empowerment, Inc.

Signature

Date