



Association for the Blind and Visually Impaired SC

Employment Application

Enriching the quality of life for the blind and visually impaired

Personal Information

First Name

Middle Initial

Last Name

Address

City

State

Zip

Home Phone

Cell Phone

Email Address

Position Desired

Date Available

SSN

Certification (Attach copies)

State

Certificate Number

Area(s) of Certification and Certifying Organization

State

Certificate Number

Area(s) of Certification and Certifying Organization

State

Certificate Number

Area(s) of Certification and Certifying Organization

Education (Attach copies of transcripts)

College or University (Highest degree obtained)

Degree/Subject

College or University

Degree/Subject

College or University

Degree/Subject

Employment

Current or Most Recent Employer	Position(s) Held		
Major Responsibilities	Supervisor's Name		
Address	Phone		
City	State	Zip	Dates of Employment
Reason for Leaving			
May we contact this employer (yes or no)			

Employment History (Previous 10 years)

Previous Employer (1)	Position(s) Held		
Major Responsibilities	Supervisor's Name		
Address	Phone		
City	State	Zip	Dates of Employment
Reason for Leaving			
May we contact this employer (yes or no)			

Previous Employer (2)	Position(s) Held		
Major Responsibilities	Supervisor's Name		
Address	Phone		
City	State	Zip	Dates of Employment
Reason for Leaving			
May we contact this employer (yes or no)			

Previous Employer (3)	Position(s) Held
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Major Responsibilities			Supervisor's Name	
Address			Phone	
City	State	Zip	Dates of Employment	
Reason for Leaving				
May we contact this employer (yes or no)				

Attach additional pages as needed to complete 10-year employment history.

Personal References

Name (1)					Position				
Address									
City	State	Zip	Phone	Email					
Name (2)					Position				
Address									
City	State	Zip	Phone	Email					

Application Accuracy Statement

Accuracy of Application: *I attest that the above application information is accurate and documented to the best of my ability. I understand that any omission or misrepresentation of information in an interview or any other employment record is reason enough to deny employment or grounds for future dismissal. Furthermore, my signature affirms my consent to the release of information included in this application.*

Signature	Date
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