

Name and Address of Company:	<table border="1"> <tr> <td colspan="2">From:</td> <td colspan="2">To:</td> </tr> <tr> <td>Mo.</td> <td>Yr.</td> <td>Mo.</td> <td>Yr.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	From:		To:		Mo.	Yr.	Mo.	Yr.				
From:		To:											
Mo.	Yr.	Mo.	Yr.										
	Describe type of work performed:												
Telephone Number:													
Supervisors Name:	Reason for leaving:												

It is the policy of Gate Communication to provide equal employment opportunities to all applicants without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status

Military Service Record
Were you or are you currently enrolled in the U.S. Armed Forces? Yes _____ No _____
If yes, which Branch? _____
Years of Service: From _____ To: _____

Have you ever been convicted of a crime? Yes ___ No ___ If yes, please explain: _____

The existence of a criminal record does not constitute an automatic bar from employment unless relevant to the type of employment.

Education:

	Name and Location:	Course Taken:		Year Completed:	Year Graduated:
High School:					
College:		Major:	Degree:		
College:		Major:	Degree:		
College:		Major:	Degree:		
Other:					

List any awards, honors, and / or special achievements: _____

List any certifications you may have: _____

Unique Abilities or Skills:

Do you have any medical training? Yes ___ No ___ If yes, please list: _____
Do you fluently speak a foreign language? Yes ___ No ___ If yes, please list: _____
Do you know other foreign languages? Yes ___ No ___ If yes, please list: _____
Competency level of the languages: 1 being beginner and 10 being native speaker
Language: _____ 1 2 3 4 5 6 7 8 9 10 Language: _____ 1 2 3 4 5 6 7 8 9 10
Language: _____ 1 2 3 4 5 6 7 8 9 10 Language: _____ 1 2 3 4 5 6 7 8 9 10
Have you ever traveled outside the U.S.? Yes ___ No ___ If yes, please list: _____
Have you ever worked with Foreign Deaf Communities? Yes ___ No ___ If yes, please list: _____

Office Experience: Please list computer program experience and proficiency levels.

Program: _____	Proficiency: Basic _____	Intermediate _____	Advanced _____
Program: _____	Proficiency: Basic _____	Intermediate _____	Advanced _____
Program: _____	Proficiency: Basic _____	Intermediate _____	Advanced _____
Program: _____	Proficiency: Basic _____	Intermediate _____	Advanced _____

References: Please list three individuals who would be willing to provide a reference for you.

Name: _____	Relationship to you: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Cell Phone Number: _____	
Deaf or Hearing: _____	Number of years known: _____	

Name: _____	Relationship to you: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Cell Phone Number: _____	
Deaf or Hearing: _____	Number of years known: _____	

Name: _____	Relationship to you: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Cell Phone Number: _____	
Deaf or Hearing: _____	Number of years known: _____	

For placement purposes please answer the following questions:

Please explain any previous involvement with the Deaf Community: _____

Please explain your perspective of oral versus manual d/Deaf individuals: _____

Please explain your perspective of ASL vs. Contact vs. SEE: _____

Please explain the reason you became involved with the d/ Deaf: _____

Please add any additional information you believe would be of interest to us: _____

