

NEBRASKA



HANDS &  
VOICES™

**JOB APPLICATION:  
GUIDE BY YOUR SIDE™  
PARENT GUIDE**

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

**DATE OF APPLICATION:** \_\_\_\_\_

Name:

\_\_\_\_\_  
Last First Middle

Address:

\_\_\_\_\_  
Street (Apt) City/State Zip

Contact Information:

(\_\_\_\_) \_\_\_\_\_  
Home Telephone

(\_\_\_\_) \_\_\_\_\_  
Mobile Telephone

\_\_\_\_\_  
Email

**Available Start Date:** \_\_\_\_\_

**Desired Pay Range (\$ per hour):** \_\_\_\_\_

**Are you currently employed?** \_\_\_\_\_

**Are you a parent of a deaf or hard of hearing child?** \_\_\_\_\_

**Age(s) of deaf or hard of hearing child(ren):** \_\_\_\_\_

“ What Works for Your Child is What Makes the Choice

**EDUCATION**

	<b>Name and Location</b>	<b>Graduate? (Yes or No)</b>	<b>Degree or Field of Study</b>
<b>High School</b>			
<b>College and Graduate or Professional School(s)</b>			
<b>Specialized Training, Trade School, etc</b>			
<b>Other Relevant Education</b>			

**Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the Parent Guide position.**

**PREVIOUS JOB EXPERIENCE**

Please list most recent experience first

<b>Dates Employed</b>	<b>Company Name</b>	<b>Location</b>	<b>Role/Title</b>

**Job notes, tasks performed and reason for leaving:**

<b>Dates Employed</b>	<b>Company Name</b>	<b>Location</b>	<b>Role/Title</b>

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