



Employment/Career History

<u>Name:</u> _____		<u>SSN#:</u> _____	
<u>Current Employer:</u> _____			
<u>Profession/Title:</u> _____			
<u>Supervisor:</u> _____			
<u>Phone Number:</u> _____		<u>Email:</u> _____	
<u>Previous Employer:</u> _____			
<u>Profession/Titles:</u> _____			
(Please attach a copy of your résumé and biography with this form)			

Education

<u>High School:</u> _____		<u>Graduation Date:</u> _____	
<u>City:</u> _____	<u>State:</u> _____	<u>Zip:</u> _____	
<u>University/College:</u> _____			
<u>City:</u> _____	<u>State:</u> _____	<u>Zip:</u> _____	
<u>Major:</u> _____	<u>Diploma/Degree:</u> _____	<u>Graduation Date:</u> _____	
<u>Graduate School:</u> _____			
<u>City:</u> _____	<u>State:</u> _____	<u>Zip:</u> _____	
<u>Major:</u> _____	<u>Diploma/Degree:</u> _____	<u>Graduation Date:</u> _____	

Legal History (This section is necessary to protect the safety of our youth participants. All information is confidential.)

Have you ever been arrested: Yes No _____

If yes, please explain: _____

Have you ever been convicted of a felony: Yes No _____

If yes, please explain: _____

Have you had any past or present problems related to abuse of drugs or alcohol? Yes No _____

If yes, please explain: _____

References (One personal and two professional references)

1. Personal: Name _____

Address & Phone Number _____

2. Professional: Name _____

Address & Phone Number _____

3. Professional: Name _____

Address & Phone Number _____

I understand and agree that DC-CAP may use my name, photo, and speech in audiotapes, videotapes, film, photographs or their web page for marketing purposes.

I do not agree to let DC-CAP use my name, photo, or speech for marketing purposes.

I certify that the above responses are true to the best of my knowledge.

Signature

Date

Please return this sheet and the registration form to DC-CAP.

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