

EDUCATION & EMPLOYMENT HISTORY

Your Amazing Journey, LLC | Social Security to Work | https://youramazingjourney.biz

An American Dream Employment Network (ADEN) member.

PLEASE COMPLETE THIS FORM IF YOU DO NOT HAVE A RESUMÉ. IF YOU HAVE A RESUMÉ, PLEASE MAIL OR FAX IT TO. SEE THE INSTRUCTIONS AT THE END OF THIS DOCUMENT.

CONFIDENTIALITY

All medical and personal information shall be held as confidential. Use of such information will be limited to purposes directly connected with your rehabilitation program.

PARTICIPANT:	DATE:	

EDUCATION HISTORY

HIGH SCHOOL

ATTENDANCE DATES SCHOOL		SCHOOL	ADDRESS
START MM/DD/YY	END MM/DD/YY		
DID YOU GR	ADUATE?	DIPLOMA RECEIVED DATE	E
YES	NO		
FINAL GPA		•	DID YOU RECEIVE SPECIAL EDUCATION SERVICES?

GED

GENERAL EQUIVELENCY DIPLOMA (GED) – IF YOU HAVE A GED PLEASE INDICATE DATE OF COMPLETION

PAR1	TICIP	ANT:

DATE:

COLLEGE, UNIVERSITY, AND VOCATIONAL EDUCATION

List most recent education first.

ATTENDANCE DATES		SCHOOL	ADDRES	S
START MM/DD/YY	END MM/DD/YY			
ATTENDANCE STATUS		PROGRAM OF STUDY		
FULL-TIME	PART-TIME			
GRADUATION DATE		DEGREE OR CERTIFICATE RECEIVED		REASON FOR LEAVING THIS SCHOOL

ATTENDANCE DATES		SCHOOL	ADDRESS	
START MM/DD/YY	END MM/DD/YY	-		
ATTENDANCE		PROGRAM OF STUDY		
FULL-TIME	PART-TIME			
GRADUATION DATE		DEGREE OR CERTIFICATE RECEIVED	REAS	ON FOR LEAVING THIS SCHOOL

ATTENDANCE	DATES	SCHOOL	ADDRES	DDRESS	
START MM/DD/YY	END MM/DD/YY				
ATTENDANCE	STATUS	PROGRAM OF STUDY			
FULL-TIME	PART-TIME				
GRADUATION	DATE	DEGREE OR CERTIFICATE RECEIVED		REASON FOR LEAVING THIS SCHOOL	

PARTICIPANT:

DATE:

EMPLOYMENT HISTORY

List most recent employment first.

EMPLOYMEN	T DATES	EMPLOYER	ADDRESS			
START MM/DD/YY	END MM/DD/YY					
HOURS PER V	NEEK	JOB TITLE	JOB DUTIES			
PAY RATE PE	RHOUR					
START	END					
\$	\$					
REASON FOR	REASON FOR LEAVING					
DID YOU ENJ	DID YOU ENJOY THIS JO? PLEASE EXPLAIN.					

EMPLOYMEN	T DATES	EMPLOYER	ADDRESS		
START MM/DD/YY	END MM/DD/YY				
HOURS PER	WEEK	JOB TITLE	JOB DUTIES		
PAY RATE PE					
START	END				
\$	\$				
REASON FOR					
DID YOU EN	DID YOU ENJOY THIS JHB? PLEASE EXPLAIN.				

EMPLOYMEN	T DATES	EMPLOYER	ADDRESS		
START MM/DD/YY	END MM/DD/YY				
HOURS PER	WEEK	JOB TITLE	JOB DUTIES		
PAY RATE PE	RHOUR				
START	END				
\$	\$				
REASON FOR	LEAVING				
DID YOU EN	DID YOU ENJOY THIS JHB? PLEASE EXPLIN.				

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START MM/DD/YY	END MM/DD/YY				
HOURS PER	WEEK	JOB TITLE	JOB DUTIES		
PAY RATE PE					
START	END				
\$	\$				
REASON FOR	LEAVING				
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PAY RATE PE	R HOUR				
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PAY RATE PER HOUR							
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HOURS PER WEEK		JOB TITLE	JOB DUTIES				
PAY RATE PER HOUR							
START	END						
\$	\$						
REASON FOR LEAVING							
DID YOU ENJOY THIS JHB? PLEASE EXPLIN.							

Please return your completed application by postal mail or fax.

If you have a resumé that includes the information requested on this form, you do not need to complete this form. Instead, mail or fax your resumé.

Sending the completed form by email is prohibited.

Postal address:

YOUR AMAZING JOURNEY, LLC 300 INTERNATIONAL DRIVE SUITE 100 BUFFALO, NY 14221-5783

Fax:

(716) 463-2843

If you have questions about this application please call Your Amazing Journey, LLC.

(716) 462-6296