

### **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	<b>TICIP</b>	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				
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START	END					
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START MM/DD/YY	END MM/DD/YY				
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PAY RATE PE					
START	END				
\$	\$				
REASON FOR	LEAVING				
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PARTICIPANT:

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PAY RATE PER HOUR							
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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