

ADDENDUM TO EMPLOYMENT APPLICATION

1. Applicant Name: _____

2. Position Applying For: _____

3. Have you previously been employed by the SC School for the Deaf and the Blind?

_____ **Yes** _____ **No**

If so, please provide the following information:

Dates of employment: From: _____ **To:** _____

Supervisor Name: _____

Division/ Department: _____

Reason for leaving: _____

Applicant's Signature: _____ **Date:** _____