## STATE ARCHITECTS LICENSURE BOARD

MAILING ADDRESS State Architects Licensure Board P.O. Box 2649 Harrisburg PA 17105 COURIER ADDRESS State Architects Licensure Board 2601 North Third Street Harrisburg PA 17110 <u>PHONE</u> FAX EMAIL WEBSITE 717-783-3397 717-705-5540 st-architect@pa.gov www.dos.pa.gov/arch

## **Employment History Form**

Please begin with current employment and list all employment (Include military experience). You may photocopy this page if necessary.

## NAME OF APPLICANT:

EMPLOYER NAME			
FIRM NAME			
	STREET		
FIRM ADDRESS	CITY/STATE		
	ZIP CODE		
DATES OF EMPLOYMENT		FROM	го
FULL TIME		YEARS	MONTHS
PART TIME		YEARS	MONTHS
TYPE OF EMPLOYMENT		GENERAL PRACTICE OF ARCHITECTUR JPUBLIC SERVICE	RE [ ] TEACHING/RESEARCH [ ] OTHER (EXPLAIN):

EMPLOYER NAME			
FIRM NAME			
	STREET		
FIRM ADDRESS	CITY/STATE		
	ZIP CODE		
DATES OF EMPLOYMENT		FROM TO	
FULL TIME		YEARS	MONTHS
PART TIME		YEARS	MONTHS
TYPE OF EMPLOYMENT		[ ] GENERAL PRACTICE OF ARCHITECTURE   [ ] TEACHING     [ ] PUBLIC SERVICE   [ ] OTHER (E	/RESEARCH XPLAIN):

EMPLOYER NAME				
FIRM NAME				
	STREET			
FIRM ADDRESS	CITY/STATE			
	ZIP CODE			
DATES OF EMPLOYMENT		FROM	то	
FULL TIME			/EARS	MONTHS
PART TIME			/EARS	MONTHS
TYPE OF EMPLOYMENT		I GENERAL PRACTICE OF ARCH     I PUBLIC SERVICE	ITECTURE [ ] TEACHING/RES [ ] OTHER (EXPL	

EMPLOYER NAME				
FIRM NAME				
	STREET			
FIRM ADDRESS	CITY/STATE			
	ZIP CODE			
DATES OF EMPLOYMENT		FROM	то	
FULL TIME			YEARS	MONTHS
PART TIME			YEARS	MONTHS
TYPE OF EMPLOYMENT		<ul><li>GENERAL PRACTICE OF AI</li><li>PUBLIC SERVICE</li></ul>	RCHITECTURE [ ] TEACHING/RES [ ] OTHER (EXPLA	

EMPLOYER NAME				
FIRM NAME				
FIRM ADDRESS	STREET			
	CITY/STATE			
	ZIP CODE			
DATES OF EMPLOYMENT		FROM	то	
FULL TIME			YEARS	MONTHS
PART TIME			YEARS	MONTHS
TYPE OF EMPLOYMENT		GENERAL PRACT J PUBLIC SERVICE	CE OF ARCHITECTURE	I TEACHING/RESEARCH     I OTHER (EXPLAIN):