



AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION:

NAME

LAST

FIRST

MIDDLE

SSN

ADDRESS

STREET

CITY

STATE

ZIP

CONTACT INFORMATION

PHONE

E-MAIL

POSITION

POSITION SOUGHT

AVAILABLE START DATE

DESIRED PAY RANGE \$

ARE YOU CURRENTLY EMPLOYED

HOURLY OR SALARY



1155 F Street NW, Suite 1050 Washington, DC 20004



202.552.0208



immregistries.org



EDUCATION

	<i>NAME & LOCATION</i>	<i>GRADUATE DEGREE RECEIVED</i>	<i>MAJOR SUBJECTS OF STUDY</i>
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
GRADUATE DEGREE(s)			
SPECIALIZED TRAINING, TRADE SCHOOL, ETC.			
OTHER EDUCATION			

Please list additional proficiencies, special skills, or other items that may contribute to your abilities in performing the position sought.



EXPERIENCE

Please list the most recent position first.

1

EMPLOYER

NAME *LOCATION*

POSITION

TITLE/ROLE *EMPLOYMENT DATES*

DUTIES PERFORMED

2

EMPLOYER

NAME *LOCATION*

POSITION

TITLE/ROLE *EMPLOYMENT DATES*

DUTIES PERFORMED





3

EMPLOYER

<i>NAME</i>	<i>LOCATION</i>
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POSITION

<i>TITLE/ROLE</i>	<i>EMPLOYMENT DATES</i>
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DUTIES PERFORMED

Please attach a current Resume

I attest that the information provided is true and accurate. Failure to provide accurate information may result in the termination of employment.

Signature

Date

