

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

PHONE 717-783-3397
FAX 717-705-5540
EMAIL st-architect@pa.gov
WEBSITE 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			
FIRM ADDRESS	STREET		
	CITY/STATE		
	ZIP CODE		
DATES OF EMPLOYMENT		FROM	TO
FULL TIME		YEARS	MONTHS
PART TIME		YEARS	MONTHS
TYPE OF EMPLOYMENT	<input type="checkbox"/> GENERAL PRACTICE OF ARCHITECTURE <input type="checkbox"/> TEACHING/RESEARCH <input type="checkbox"/> PUBLIC SERVICE <input type="checkbox"/> OTHER (EXPLAIN):		

EMPLOYER NAME			
FIRM NAME			
FIRM ADDRESS	STREET		
	CITY/STATE		
	ZIP CODE		
DATES OF EMPLOYMENT		FROM	TO
FULL TIME		YEARS	MONTHS
PART TIME		YEARS	MONTHS
TYPE OF EMPLOYMENT	<input type="checkbox"/> GENERAL PRACTICE OF ARCHITECTURE <input type="checkbox"/> TEACHING/RESEARCH <input type="checkbox"/> PUBLIC SERVICE <input type="checkbox"/> OTHER (EXPLAIN):		

EMPLOYER NAME		
FIRM NAME		
FIRM ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
DATES OF EMPLOYMENT		FROM _____ TO _____
FULL TIME		_____ YEARS _____ MONTHS
PART TIME		_____ YEARS _____ MONTHS
TYPE OF EMPLOYMENT		<input type="checkbox"/> GENERAL PRACTICE OF ARCHITECTURE <input type="checkbox"/> TEACHING/RESEARCH <input type="checkbox"/> PUBLIC SERVICE <input type="checkbox"/> OTHER (EXPLAIN):

EMPLOYER NAME		
FIRM NAME		
FIRM ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
DATES OF EMPLOYMENT		FROM _____ TO _____
FULL TIME		_____ YEARS _____ MONTHS
PART TIME		_____ YEARS _____ MONTHS
TYPE OF EMPLOYMENT		<input type="checkbox"/> GENERAL PRACTICE OF ARCHITECTURE <input type="checkbox"/> TEACHING/RESEARCH <input type="checkbox"/> PUBLIC SERVICE <input type="checkbox"/> OTHER (EXPLAIN):

EMPLOYER NAME		
FIRM NAME		
FIRM ADDRESS	STREET	
	CITY/STATE	
	ZIP CODE	
DATES OF EMPLOYMENT		FROM _____ TO _____
FULL TIME		_____ YEARS _____ MONTHS
PART TIME		_____ YEARS _____ MONTHS
TYPE OF EMPLOYMENT		<input type="checkbox"/> GENERAL PRACTICE OF ARCHITECTURE <input type="checkbox"/> TEACHING/RESEARCH <input type="checkbox"/> PUBLIC SERVICE <input type="checkbox"/> OTHER (EXPLAIN):