



Pennsylvania
Department of State
State Architects Licensure Board

Employment History Form			
Applicant Name:			
Please begin with current employment and list all employment (include military experience). You may photocopy this page as necessary. Please include a cover letter to explain any gaps in employment greater than 3 months.			
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:		☐ General Practice of Architecture ☐ Teaching/Research ☐ Public Service ☐ 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:		☐ General Practice of Architecture ☐ Teaching/Research ☐ Public Service ☐ 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:		☐ General Practice of Architecture ☐ Teaching/Research ☐ Public Service ☐ Other (Explain):	

Employer Name:			
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	City/State		
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Dates of Employment:		From:	To:
Full Time		Years	Months
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	City/State		
	Zip Code		
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Full Time		Years	Months
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Full Time		Years	Months
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Type of Employment:		☐ General Practice of Architecture ☐ Teaching/Research ☐ Public Service ☐ Other (Explain):	