STATE ARCHITECTS LICENSURE BOARD

MAILING ADDRESS
State Architects Licensure Board
P.O. Box 2649
Harrisburg PA 17105

NAME OF APPLICANT:

DATES OF EMPLOYMENT

FULL TIME

PART TIME

COURIER ADDRESS
PA Dept of State, BPOA
Attn: State Architects Licensure Board
Technology Park
Harrisburg, PA 17110-2919

TOLL FREE # 1-833-DOS-BPOA

EMAIL st-architect@pa.gov

MONTHS

MONTHS

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. Please include a cover letter to explain any gaps of employment greater than 3 months.

FROM

EMPLOYED NAME	
EMPLOYER NAME	
FIRM NAME	
	STREET
FIRM ADDRESS	CITY/STATE
	ZIP CODE

YEARS

YEARS

TYPE OF EMPLOYMENT		[] GENERAL P	RACTICE OF ARCHITECTURE RVICE	[] TEACHING/RESEARCH] OTHER (EXPLAIN):
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 P	RACTICE OF ARCHITECTURE RVICE	[] TEACHING/RESEARCH] OTHER (EXPLAIN):

EMPLOYER NAME			
FIRM NAME			
FIRM ADDRESS	STREET		
	CITY/STATE		
	ZIP CODE		
DATES OF EMPLOYMENT		FROM To	o
FULL TIME		YEARS	MONTHS
PART TIME		YEARS	MONTHS
TYPE OF EMPLOYMENT		[] GENERAL PRACTICE OF ARCHITECTUR [] PUBLIC SERVICE	E [] TEACHING/RESEARCH [] OTHER (EXPLAIN):
		T	
EMPLOYER NAME			
FIRM NAME	1		
FIRM ADDRESS	STREET		
	CITY/STATE		
	ZIP CODE		
DATES OF EMPLOYMENT		FROM To	0
FULL TIME		YEARS	MONTHS
PART TIME		YEARS	MONTHS
TYPE OF EMPLOYMENT		[] GENERAL PRACTICE OF ARCHITECTUR [] PUBLIC SERVICE	E [] TEACHING/RESEARCH [] OTHER (EXPLAIN):
EMPLOYER NAME			
FIRM NAME			
FIRM ADDRESS	STREET		
	CITY/STATE		
	ZIP CODE		
DATES OF EMPLOYMENT		FROM TO	<u>, </u>
FULL TIME		YEARS	MONTHS
PART TIME		YEARS	MONTHS
174111111111111111111111111111111111111			