

STATE ARCHITECTS LICENSURE BOARD

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

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

TOLL FREE # 1-833-DOS-BPOA
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. Please include a cover letter to explain any gaps of employment greater than 3 months.

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):

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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):