

NAME	
HOME ADDRESS	
PHONE	EMAIL
EMPLOYER (if applicable)	
ADDRESS	
PHONE	EMAIL
KEY AFFILIATIONS AND ORGANIZATIONAL REPRESENTATION:	
BRIEFLY DESCRIBE HOW YOUR SKILLS, EXPERIENCE, ETC. MATCH THE ROLE AND RESPONSIBILITIES OF THE STATE BOARD OF VOCATIONAL REHABILITATION.	
SIGNATURE	DATE

***Please attach a resume/CV, and forward with this form to:
RA-LIOVR-STBOARD-CMT@pa.gov**

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*