

Application for Employment

Employment offers are made based on qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation. PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate. "See Resume.") Applications with missing or invalid job numbers will not be considered for any position. Position Applying for: Name (Last, First, Middle): Other name in which you have attended school or been employed: Street Address: City, State & Zip: Cell Phone: Other Phone: Email: Home Phone: Yes 🗌 No 🗌 Are you eligible to work in the United States? Yes No No Are you 21 years of age or older? Yes No No Are you currently employed? Where? Have you ever been employed by Perfect Union? Yes No If yes, when? Yes No Are you related to any current Perfect Union employee? If yes, who? If required for position, do you have a valid driver's Yes No No DL# license? How did you hear about this employment opportunity at Perfect Union? Check all that apply: Ad in newspaper Job Bulletin Referral/Who? Walk-in Website Ad in Magazine Name of School If No, # of years If Yes, date of Degree Major City/State Did you Graduate? completed Graduation Received High School: GED: Other School: College: College: College: Other credentials/licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.



Dates Employed:		Full Time:	Part Time	:: 🗌	Title:		
From: To:		IF Part-tin	ne, # of hours per wee	ek:			
Organization Name and Address:							
Supervisors Name, T	itle, and Phone #:	Other Ref	erence Name, Title an	d Phone #:	Contact any current reference:		
					Yes:		
Primary Duties:					Reason for Leaving:		
Dates Employed:		Full Time:	Part Time	e:	Title:		
From: To:		IF Part-tin	ne, # of hours per wee	ek:			
Organization Name and Address:							
Supervisors Name, T	itle, and Phone #:	Other Ref	erence Name, Title an	d Phone #:	Contact any current reference		
					Yes : No: No:		
Primary Duties:					Reason for Leaving:		
What Hours are you available to work? Full Time: Part Time:							
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:	
PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THE INFORMATION. I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Perfect Union to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances (excluding medical marijuana) upon conditional offer for employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that the staff employees of Perfect Union serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply and departmental regulations.							
Applicant Signa	iture:			Date:			