



Application for Employment

Employment offers are made on the basis of 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:	

Email:	Home Phone:	Cell Phone:	Other Phone:
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Are you eligible to work in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you 21 years of age or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?
Have you ever been employed by Perfect Union?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?
Are you related to any current Perfect Union	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who?
If required for position, do you have a valid driver's license?	Yes <input type="checkbox"/> No <input type="checkbox"/>	DL#

How did you hear about this employment opportunity at Perfect Union? Check all that apply:

Ad in news per
 Job Bulletin Walk-in Website Ad in Magazine Referral/Who?

Name of School	City/State	Did you Graduate?	If No, # of years completed	If Yes, date of Graduation	Degree Received	Major
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.

Skills: Please list technical skills, clerical skills, trade skills, etc. relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, and expert)

Work Experience: Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See resume."

PLEASE NOTE: Perfect Union reserves the right to contact all current and former employers for reference information.

Dates Employed: From: _____ To: _____	Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> IF Part-time, # of hours per week: <input type="checkbox"/>	Title: _____
Organization Name and Address: _____		
Supervisors Name, Title, and Phone #: _____	Other Reference Name, Title and Phone #: _____	Contact any current reference: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Primary Duties: _____		Reason for Leaving: _____
Dates Employed: From: _____ To: _____	Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> IF Part-time, # of hours per week: <input type="checkbox"/>	Title: _____
Organization Name and Address: _____		
Supervisors Name, Title, and Phone #: _____	Other Reference Name, Title and Phone #: _____	Contact any current reference: Yes : <input type="checkbox"/> No: <input type="checkbox"/>
Primary Duties: _____		Reason for Leaving: _____

Dates Employed: From: _____ To: _____		Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> IF Part-time, # of hours per week: <input type="checkbox"/>	Title: _____
Organization Name and Address: _____			
Supervisors Name, Title, and Phone #:		Other Reference Name, Title and Phone #:	Contact any current reference: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Primary Duties:			Reason for Leaving:
Dates Employed: From: _____ To: _____		Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> IF Part-time, # of hours per week: <input type="checkbox"/>	Title: _____
Organization Name and Address: _____			
Supervisors Name, Title, and Phone #:		Other Reference Name, Title and Phone #:	Contact any current reference: Yes : <input type="checkbox"/> No: <input type="checkbox"/>
Primary Duties:			Reason for Leaving:

What Hours are you available to work?				Full Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>	
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, and to comply with departmental regulations.

Applicant Signature: _____ Date: _____