

		Study	Completed	Graduate?	Diploma
Graduate				<input type="radio"/> Yes <input type="radio"/> No	
College				<input type="radio"/> Yes <input type="radio"/> No	
Business/Trade Technical				<input type="radio"/> Yes <input type="radio"/> No	
High School				<input type="radio"/> Yes <input type="radio"/> No	

PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION

The above information is true and correct. I understand that, in the event of my employment by the Union Project, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Union Project to inquire into my education, professional, and employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Union Project and will hold the Union Project and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Union Project to obtain any needed credit and criminal background check.

I understand that nothing in this employment application, the granting of an interview, or my subsequent employment with the Union Project is intended to create an employment contract between myself and the Union Project under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Union Project at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

It is the policy of the Union Project complies with federal, state, and local laws regarding disability, veteran status, age, etc.

PERSONAL

Name: _____

Address: _____

City: _____

Business Phone: _____

E-mail Address: _____

Position Desired: _____

Have you ever applied for employment with the Union Project? _____

Have you ever worked for the Union Project? _____

Do you have relatives employed by the Union Project? _____

Are you over the age of 18 years? _____

Are you legally eligible to be employed in the United States? (Proof of identity and eligibility required) _____

Can you perform the essential functions of the job? If no, please explain: _____

(If you have any questions as to the meaning of any of the above questions, please ask before you answer this questionnaire.)

Have you ever plead "guilty" to a crime? (A conviction will not necessarily disqualify you from employment) _____

When would you be available to start work? _____

How did you learn about us? _____

Are you presently employed? _____

If presently employed, why are you leaving? _____

1. Employer: _____

Address: _____

_____ Phone: _____

Job Title: _____ Supervisor: _____

Dates Employed: From (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: _____ Starting _____ Final

Work Performed: _____

Reason for Leaving: _____ May we contact: ≤ Yes ≤ No

2. Employer: _____

Address: _____

_____ Phone: _____

Job Title: _____ Supervisor: _____

Dates Employed: From (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: _____ Starting _____ Final

Work Performed: _____

Reason for Leaving: _____ May we contact: ≤ Yes ≤ No

3. Employer: _____

Address: _____

_____ Phone: _____

Job Title: _____ Supervisor: _____

Dates Employed: From (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: _____ Starting _____ Final

related functions in the post

PROFESSIONAL AFFILIATION

List any professional, trade, or other affiliations you are applying. Please exclude affiliations involving mental or physical disabilities.

REFERENCES

List the names, addresses, and phone numbers of references, if applicable, list school or previous employer.

1. Name: _____

Address: _____

Phone Numbers: (day) _____

Number of Years Known: _____

2. Name: _____

Address: _____

Phone Numbers: (day) _____

Number of Years Known: _____

3. Name: _____

Address: _____

Phone Numbers: (day) _____

Number of Years Known: _____

4. Name: _____

