



134 Linden Street, Oakland, CA 94607, Phone: 510-450-0500, Fax: 510-450-0506

EMPLOYMENT APPLICATION

Please print clearly or type

Perspective Branding is an Equal Opportunity employer that does not discriminate on the basis of race, color, religion, sex, age, marital status, national origin, veteran's status, sexual orientation or mental or physical disability. Perspective Branding will make reasonable accommodation to the physical or mental impairments of otherwise qualified applicants. Any applicant needing an accommodation to apply for a position should phone the Studio Manager at the above-listed number.

NAME Last First Middle Initial			WHICH POSITION ARE YOU APPLYING FOR?		
PREVIOUS NAME (if any) Last First			SALARY EXPECTATION		DATE AVAILABLE TO START
CURRENT ADDRESS			TELEPHONE NUMBERS Home Mobile		SOCIAL SECURITY NUMBER
CITY ST. ZIP		DRIVER'S LICENSE NUMBER STATE OF ISSUE		DATE LICENSE LAST RENEWED?	
PREVIOUS ADDRESS (if at current address less than 5 years)			BEST E-MAIL ADDRESS FOR CONFIDENTIAL MESSAGES:		
CITY ST. ZIP		CAN YOU, UPON AN OFFER OF EMPLOYMENT, PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE US? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CHECK ANY DAYS YOU ARE UNABLE TO WORK <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat			YOUR INTEREST IN TEMPORARY OR SHORT-TERM WORK? <input type="checkbox"/> NONE <input type="checkbox"/> POSSIBLY		DO YOU HAVE FRIENDS OR RELATIVES WORKING AT OUR COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No

Work History (Use additional sheets as necessary to list all work experience for 10 years)

LEGAL NAME OF MOST RECENT EMPLOYER		ADDRESS/CITY WHERE YOU WORKED			
START DATE (Mo/Yr)	TERMINATION DATE (Mo/Yr)	ENDING JOB TITLE		COMPENSATION (Annual)	
NAME & TITLE OF LAST PERSON YOU REPORTED TO		WAS TERMINATION VOLUNTARY? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING		

LEGAL NAME OF PRECEDING EMPLOYER		ADDRESS/CITY WHERE YOU WORKED			
START DATE (Mo/Yr)	TERMINATION DATE (Mo/Yr)	ENDING JOB TITLE		COMPENSATION (Annual)	
NAME & TITLE OF LAST PERSON YOU REPORTED TO		WAS TERMINATION VOLUNTARY? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING		

LEGAL NAME OF PRECEDING EMPLOYER		ADDRESS/CITY WHERE YOU WORKED			
START DATE (Mo/Yr)	TERMINATION DATE (Mo/Yr)	ENDING JOB TITLE		COMPENSATION (Annual)	
NAME & TITLE OF LAST PERSON YOU REPORTED TO		WAS TERMINATION VOLUNTARY? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING		

Education/Training

HAVE YOU GRADUATED FROM HIGH SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	PROFESSIONAL LICENSES HELD:	/DATE OF EXPIRATION
SCHOOLS ATTENDED SINCE HIGH SCHOOL	DATES OF ATTENDANCE	DEGREE AWARDED DATE
LIST POST-SCHOOLING TRAINING COURSES YOU HAVE TAKEN THAT WOULD APPLY TO OUR WORK	ORGANIZATION THAT SPONSORED COURSE	DATE(S) OF TRAINING

Convictions

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS WHICH HAS NOT BEEN CLEARED (EXPUNGED, SEALED, OR STATUTORILY ERADICATED) FROM YOUR RECORD? (CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT.)

Yes

No

If Yes, please explain including dates of convictions

CRIMINAL BACKGROUND CHECKS WILL BE PERFORMED ON EVERY APPLICANT.

References we can contact regarding your previous employment (list 3)

INDIVIDUAL'S NAME	WORKING RELATIONSHIP TO YOU (Supervisor, Co-Worker, Customer, Etc.)	PHONE NUMBER(S) incl. Area Code

All Applicants Read and Sign.

1. _____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
2. _____ I hereby authorize Perspective Branding to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further authorize my former employers to disclose to the company and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Perspective Branding, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
3. _____ I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and Perspective Branding. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Perspective Branding. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I have read the above paragraphs, understand their importance and effect on my employment, and accept the same as conditions of my employment with Perspective Branding.

Today's Date

Applicant's Signature

Applicant's Name, Printed

Please complete and send completed application to:

Studio Manager
Perspective Branding
134 Linden Street,
Oakland, CA 94607