

**Union University Career Services
Referral Authorization Form**

Name _____

Address _____ City _____ ST/Zip Code _____

Phone No. (____) _____ Email _____ SSN _____

Major/Minor _____ Date of Graduation _____

Geographic Area Desired _____

Circle categories for referral (a resume must be submitted with this form*)

Accounting

Management

Art

Marketing

Communications (specify) _____

MBA

Computer Related Fields

Nursing(specify) _____

Education (List certification area) _____

Research

Finance

Sales

Human Resources

Social Services

**Signature _____ Date _____

*In order to be referred for any position, you must have a signed "Referral Authorization Form" on file.

**I, the above signed, authorize the Career Services Office at Union University to establish and maintain my placement file.

I also hereby authorize the Career Services Office to furnish copies of my resume file upon request from up to five prospective employers who are considering me for employment.

I understand that I am not guaranteed employment through this process.

I hereby release the Career Services Office at Union University from all legal responsibility or liability that may arise from the action I have authorized from this form.