



-Employer's Use -
_____ Branch Location
_____ Position

APPLICATION FOR EMPLOYMENT

STI IS AN EQUAL OPPORTUNITY EMPLOYER. FEDERAL AND STATE LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT PRACTICES BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR DISABILITY. NO QUESTION ON THIS APPLICATION IS ASKED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT BECAUSE OF HIS OR HER AGE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR DISABILITY.

Date						Social Security #
Name – Print in Full	Last	First	Middle	Home Phone		
Present Address (Number)	(Street)	(City)	(State)	(Zip)		How long have you lived there?
Previous Address (Number)	(Street)	(City)	(State)	(Zip)		How long did you live there?

EDUCATION

Name of School or College	Where Located	Circle last year completed	Graduate Yes No
High School		9 10 11 12	
College or University		1 2 3 4	Degree
Business Technical or Other Training			
Are you currently studying? Yes ____ No ____	What	Where	Do you plan to return to school? Yes ____ No ____

EMPLOYMENT DESIRED

Position Applying for?	When can you report to work?	Starting salary expected?
Ever apply to this company before?	When?	May we inquire of your present employer? Yes____ No____ Past employers? Yes____ No____

GENERAL INFORMATION

Are you over the age of eighteen? _____ If no, hire is subject to verification that you are of minimum legal age.

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses? _____

If yes, describe in full _____

FORMER EMPLOYERS

Provide information regarding all previous employment starting with present or last employer - - including military service

Name and Address of Company	Dates	Job/Duties	Name & Phone No. of Supervisor	Wage	Reason for Leaving
U.S. Military Branch		Highest Rank	Duty Specialty		

REFERENCES

(Give the names and addresses of three persons who know you well and to whom we may refer – No relatives)

Name	Address	Phone No.	Years Known	Occupation

I authorize investigation of all statements contained in this application. I release from all liability all persons, companies, and corporations supplying such information and I indemnify this employer against any liability which might result from making such investigation. I understand that misrepresentation or omission of facts called for is cause for dismissal. If employed by STI, and in consideration of my employment, I agree to conform to its rules and regulations, and I agree that my employment and compensation is for no definite period, regardless of the date of payment of my wages, and I can be terminated, with or without cause, and with or without notice at any time at the option of either STI or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by STI and that no representative of STI, other than John K. Snider, and then only when in writing and signed by such person, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Date: _____ Signature: _____