

STS Transportation - Application for Employment

Please fill out form completely for employment consideration. Print and Fax or Mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or handicap. We are an equal opportunity employer. Please answer all Yes/No questions by placing an X in the appropriate spot.

Personal Information

Last Name

First

Middle

Date

Street Address

Home Phone

City, State, Zip

Business Phone

Email Address

How long at present address?

_____ Years _____ Months

Please answer all Yes/No questions by placing an X in the appropriate spot

Do you have a CDL endorsement?

Do you speak and language other than English? (If yes, what?)

Yes _____ No _____

Yes _____ No _____ Languages: _____

Are you over 18 years of age? Yes _____ No _____

(If not, employment is subject to verification of minimum legal age)

Social Security Number (SS#)

_____ - _____ - _____

Have you ever applied for employment with us?

Yes _____ No _____

If Yes:

Month _____ Year _____ Location _____

How did you learn of our organization? _____

Are you related to anyone who works for STS? Yes _____ No _____

If so, list employee(s) name _____

Are you legally eligible for employment in the United States? Yes _____ No _____

When will you be able to work? _____

Are you employed now? Yes _____ No _____ If so, may we contact your present employer? Yes _____ No _____

Have you been convicted of a crime in the past ten (10) years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes _____ No _____ If yes, please explain in full:

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?
Yes _____ No _____ If Yes, please explain: _____

Drivers License # _____ State issued _____ Any Violations: Yes _____ No _____

Education

School	Name and Location of school	Course of Study	No. of years To complete	Did you graduate?	Degree/ Diploma
College	_____	_____	_____	Yes _____ No _____	_____
	_____	_____	_____		_____
	_____	_____	_____		_____

High School _____ Yes _____ No _____

Trade School _____ Yes _____ No _____

Other _____ Yes _____ No _____

Military

Please complete this section if you served in the U. S. Armed Forces

Branch of Service:

Describe your duties and any special training

Period of Activity:

Rank at Discharge:

Date of final discharge:

Employment History

Please give Accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1.

Company Name

Telephone

Address

Employed:

From _____

To _____

Rate of pay: _____ per: (year, month, hour, etc) _____

Reason for leaving _____

Name of supervisor _____

Job title, and describe your work

2.

Company Name

Telephone

Address

Employed:

From _____

To _____

Rate of pay: _____ per: (year, month, hour, etc) _____

Reason for leaving _____

Name of supervisor _____

Job title, and describe your work

3.

Company Name

Telephone

Address

Employed:

From _____

To _____

Rate of pay: _____ per: (year, month, hour, etc) _____

Reason for leaving _____

Name of supervisor _____

Job title, and describe your work

4.

Company Name _____

Telephone _____

Address _____

Employed:
From _____
To _____

Rate of pay: _____ per: (year, month, hour, etc) _____

Reason for leaving _____

Name of supervisor _____

Job title, and describe your work _____

We may contact the employers listed above, unless you indicate those that you do not want us to contact.

DO NOT CONTACT:

Employer _____ Phone Number _____
Reason _____

DO NOT CONTACT:

Employer _____ Phone Number _____
Reason _____

References

1. Name	Phone #	Business Name
_____	_____	_____
Address _____		
Years Acquainted _____		

2. Name _____ Phone # _____ Business Name _____

Address _____

Years Acquainted _____

3. Name _____ Phone # _____ Business Name _____

Address _____

Years Acquainted _____

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Digital Signature (please type full name) _____
Date _____

Please complete and mail, fax or email a copy of this form to:

STS, Inc.
Attn: Human Resources
1301 F. L. Shuttlesworth Drive
Birmingham, AL 35234
Phone: 205.324.4024
Fax: 205.324.4098