



Employment Application

Please fill and return to
Customer Service or
email : info@stmawholesale.com
Ph: (210) 672-6006 EXT: 106

Disclaimer page:

We hire only U.S. citizens and lawfully authorized alien workers. Your Name and social security number may be verified with Social Security Administration. The law prohibits discrimination because race, color, religion, sex, age, national origin, or disability which may be reasonably accommodated.

Drug Testing & Arbitration Agreement Notice To All Applicants

This establishment promotes a drug-free work environment. You may be asked from time to time to give a drug test if suspected of working under the influence.



Employment Application

Please Print All Information Legibly

APPLICANT INFORMATION									
Last Name		First		M.I.	Date				
Street Address					Apartment/Unit #				
City			State			ZIP Code			
Do you Rent Or Own?	Rent <input type="checkbox"/>	Own <input type="checkbox"/>	Other <input type="checkbox"/>	How Long you been at this address?					
Cell Phone #			E-mail Address						
Date Available			Social Security No.			Desired Salary			
Position Applied for									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Do you Have a reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Make:	Year:	Model:				
Are you bilingual?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What languages do you speak other than English?						
What days/Shift are you available to work?	ALL <input type="checkbox"/>	Weekdays <input type="checkbox"/>	Weekends <input type="checkbox"/>	Holidays <input type="checkbox"/>	Day Shifts <input type="checkbox"/>	Evening Shifts <input type="checkbox"/>			
Do you have any Medical Condition that can prevent you from performing daily routine work?					NO <input type="checkbox"/>	YES <input type="checkbox"/>			
Any Recent Injuries or accidents?									
EDUCATION									
High School			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES									
<i>Please list three professional references.</i>									
Full Name				Relationship					
Company				Phone	()				
Address									
Full Name				Relationship					
Company				Phone	()				
Address									
Full Name				Relationship					
Company				Phone	()				
Address									

PREVIOUS EMPLOYMENT

Company					Phone	()		
Address					Supervisor			
Job Title					Starting Salary	\$	Ending Salary	\$
Responsibilities								
From MM/YY		To MM/YY		Reason for Leaving				
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	()		
Address					Supervisor			
Job Title					Starting Salary	\$	Ending Salary	\$
Responsibilities								
From MM/YY		To MM/YY		Reason for Leaving				
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	()		
Address					Supervisor			
Job Title					Starting Salary	\$	Ending Salary	\$
Responsibilities								
From MM/YY		To MM/YY		Reason for Leaving				
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>		

MILITARY SERVICE

Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain							

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
 Incomplete applications will not be considered and will reject immediately.

Signature				Date	
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FOR INTERNAL USE ONLY

Date Interviewed	By	Date Hired	Date Start	Starting Pay