



Submit this completed application to mail@stalwork.com. An application, resume, cover letter, and references are required to be considered for employment. You may fax your completed paperwork to 805.542.0837 or hand deliver to our administrative offices: 1135 Santa Rosa Street, Suite 100, San Luis Obispo, CA 93401. Your application must be hand written, resume and cover letter must be typed.

PLEASE ATTACH A RESUME AND COVER LETTER TO THIS APPLICATION. INCLUDE AT LEAST 5 REFERENCES.

NAME:

Last _____

First _____

Middle _____

Date _____

ADDRESS + CONTACT:

Street _____

City _____

State _____

Zip _____

Mobile _____

Email _____

APPLICATION:

Position desired _____

When can you start _____

Desired wage per hour _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes No

Are you looking for full time employment? Yes No

Please list the hours you are available to work:

MON _____

TUE _____

WED _____

THU _____

FRI _____

SAT _____

SUN _____

Are you willing to work weekends/holidays? Yes No

Have you ever been convicted of a misdemeanor? Yes No

If yes, please fully describe the circumstances:

Have you ever been convicted of a felony? Yes No

If yes, please fully describe the circumstances:

Education:

High School:

Name _____

Location _____

Graduation Year _____

GPA _____

College:

Name _____

Location _____

Major _____

Graduation Year _____

GPA _____

Other and/or Further Education:

Name _____

Location _____

Graduation Year _____

GPA _____

Certifications, Training, and/or Certificates:

Employment History: (Start with most recent employer)

Company Name _____

Address _____

Telephone _____

Date Started _____

Starting Wage _____

Starting Position _____

Date Ended _____

Ending Wage _____

Ending Position _____

Supervisor Name _____

May we contact? [] Yes [] No

Supervisor Email _____

Supervisor Phone _____

Responsibilities:

Reason for leaving:

Company Name _____

Address _____

Telephone _____

Date Started _____

Starting Wage _____

Starting Position _____

Date Ended _____

Ending Wage _____

Ending Position _____

Supervisor Name _____

May we contact? [] Yes [] No

Supervisor Email _____

Supervisor Phone _____

Responsibilities:

Reason for leaving:

Company Name _____

Address _____

Telephone _____

Date Started _____

Starting Wage _____

Starting Position _____

Date Ended _____

Ending Wage _____

Ending Position _____

Supervisor Name _____

May we contact? [] Yes [] No

Supervisor Email _____

Supervisor Phone _____

Responsibilities:

Reason for leaving:

Why do you want to work here?

Describe your personality. How does this translate to you being an effective employee?

What motivates you?

Do you have a mobile phone? Can this mobile phone receive email? Are you willing to receive work email and calls on this phone?

Are you always on time for work? Do you want to stay until the job is finished? Is there anything that may prevent you from being on time every day?

Describe your attitude towards job place safety. What safety training have you had? Have you ever injured yourself at work and missed time due to injury?

What makes you the best candidate for this position? Why should we hire you over all of the other applicants?

If you see a co-worker stealing or violating the rules, what would you do? Do you believe a witness to stealing or a rule violation who does not report this to management should be terminated as well?

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for immediate dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the designated individual has the authority to alter the foregoing. This form will be referenced DURING your employment and your answers are regularly evaluated through the course of employment.

Signature _____

Date _____

Warning:

These forms are provided AS IS. They may not be any good. Even if they are good in one state or jurisdiction, they may not work in another. The facts of your situation may make these forms inappropriate for you. They are for informational purposes only, and you should consult an attorney before using them.

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.