## **Application for Employment**

STT, Inc. 1600 N. Mission Mt. Pleasant, MI 48858

Phone: (800) 860-1STT Fax: (989) 772-9323 Email: hr@sttsecurity.com

Thank you for applying for a position with our company. In order to assist in evaluating your qualifications, we have asked for specific personal information on this application. You are asked to complete every item or write N/A if not applicable to you. Omission or falsification of information on this application shall be sufficient cause for dismissal. It is the Policy of our company to conform to the laws of the United States of America, individual States and any other Governmental Institution that may regulate employees in the geographical area's where we conduct business. Our company does not discriminate against qualified applicants or employees with regard to their race, color, religion, national origin, sex, age, disability or any other category protected by the Equal Employment Opportunity Commission, unless a bona fide occupational qualification exists.

First Name Middle			liddle Initial	e Initial Last Name						
Street Address										
For how long have you lived at this residence?							)			
				How did you become aware of the position?						
Do you have a valid	d driver's license?	☐ Ye ☐No	s							
Are you 18-years old or older?  Yes  No			If you ARE NOT at least 18-years old, how old are you?							
Are you legally eligin the United State	gible to be employe tes of America?	ed  Ye	es If you of you the fo	are offered a aureligibility to rm of a Social	position with our comp be employed in the U Security card, drivers	any, you w .S.A. This license, pas	rill be r docum ssport,	equired to furnish proof entation can take etc.		
Do you have access position to and from	s to reliable trans- om work?	☐ Yes☐No		•	intend to arrive to worl		onsiste	ntly?		
Have you ever agree	eed to or signed a n	on-compe	tition agreeme	ent with your p	present or a prior emplo	oyer?		No Yes		
If you responded Y	es to the question a	above, will	l this prohibit	you from acce	epting a position with the	his compan	y?	No Yes		
								_		
Section #2: Edu	ıcation									
Select the highest	level of education t	hat you ha	eve achieved t	o date: Less t	hen 8th grade, 8, 9, 10,	11, 12 , G	ED, Co	ollege 1, 2, 3, 4, more		
Education	ation Name of School and Location		Date Began	Date Ended	Course of Study	Grac Yes	duate / No	List Diploma or Degree earned		
Grade School										
High School										
College										

Other

## **Section #3: Employment History**

Please list your FOUR (4) most resent jobs, <u>beginning with your most recent employer</u>. Account for <u>ALL TIME PERIODS</u> including periods when you were not employed, self-employment and U.S. Military Service. If space is insufficient, list additional employers on a separate page or additional application form. Please include your resume in addition to the information requested below.

Dates of Employment	Complete Name and Address of Current/Previous Employers Final Position Information								
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Ended:	Name of Company ( ) Phone Number								
ТО	Name of Company Phone Number	Title of Final Position							
Started:	Street City State Zip	Final Wage: \$							
Started	Street City State Zip	Select your Reason for Leaving: Fired / Quit / Lay Off / Other							
Mgt. Use: Verify accurate	Mgt. Use: Verify accurate mailing address & phone-# contacted. Information must be completed prior to employment offer.								
Ref. Checked By: Date Checked:/ _/ Company Rep. Spoke With:									
Dates of Employment:	Last Position: Eligible for Rehire: Yes /	No / Declined to Respond							
		<u> </u>							
Dates of Employment	Complete Name and Address of Current/Previous Employers	Final Position Information							
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	Name of Company (Phone Number	Title of Final Position							
ТО		Final Wage: \$							
Started:	Street City State Zip	Select your Reason for Leaving: Fired / Quit / Lay Off / Other							
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Ended:	Name of Company ( ) Phone Number	Title of Final Position							
ТО		Final Wage: \$							
	Name of Company  Phone Number  Street  City  State  Zip								
TO Started:		Final Wage: \$ Select your Reason for Leaving: Fired / Quit / Lay Off / Other							
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Section #4: Ad	ditional Infor	mation								
Have you ever ser forces of the Uni	Yes If Yes, What type of discharge?									
Are you currently education in a fo	☐ Yes If Yes, Please Explain:									
Have you ever been convicted of a felony or serious misdemeanor or are charges pending against you? (This may include parole, probation and/or incarceration or pending charges)  Yes*  If Yes, Please Explain:  * A conviction may not necessarily bar you from employment.										
Have you ever be (Do not answer restored by cour	☐ Yes If Yes, Please Explain:									
Please list the tim	es and davs of the	week tha	at vou wo	ould be ava	ilable to	o work:				
	Saturday	Sunday	•	Monday		Tuesday		Wednesday	Thursday	Friday
From										
To										
If you were offere you be able to pe functions of the p with or without a accommodation(s	ed a position, wou rform the essentia osition applied fo ny reasonable s)?	ld l r,	☐ Y		If No, 1	Please expla	in:			
Are you currently	certified in first-a	id?		Yes	, <u> </u>	No				
Are you currently certified in C.P.R.?										
Are you willing to travel & stay overnight?  Yes U No (Examples: newspaper ad, friend, flyer, etc.)										
Would you be willing to relocate?  Are you willing to work on Weekends?  Yes U No Please Explain:  Please Explain:										
Are you willing to work on Holidays?  Yes No										
List your three most recent residence (excluding your current address)										
1	Street Address			City			State	Zip Code	Lei	ngth of Time
2	Street Address			•				•		
3.				City			State	Zip Code		ngth of Time
J	Street Address			City		5	State	Zip Code	Lei	ngth of Time
(Comments) Wha	t would you like o	our comp	any to kr	ow about y	ou, wh	y should we	cons	ider hiring you?:_		

## **Background Check Notification and Waiver**

The Company reserves the right to terminate the employment relationship with any and all employees at any time for any reason. This policy cannot be amended except in writing directed to the employee personally by the President. Our Company also reserves the right to make unilateral changes in employment policies and assignments as needed. I understand that I may at any time be required to be tested for the presence of illegal drugs in my body as part of my employment and the presence of such a drug may result in disciplinary action up to and including termination.

This application will be considered active for 30-days from the date that it is submitted. For consideration after this initial 30-day period, applicants will be responsible for submitting a new application. Inactive applications will be maintained for a period of two years from the date that they are submitted.

I do hereby authorize you to furnish information and release from liability any person or organization who gives or receives information requested by our company. This information may include, but is not limited to: work histories, personal histories, educational histories, criminal histories, etc. I also agree to hold harmless any source for any error in reporting information. I release all persons from damage resulting from furnishing said information. I understand that under Bullard-Plawecki Employee Right to Know Act, I may have a right to notice when my employers and former employers release information about me to your company and I waive all such notice. I authorize your company to photocopy this document and agree that such photocopies with my signature shall have the same legal force and effect as the original document with my signature.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- \* You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- \* You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- \* You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs to which it has provided the data –-of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- \* Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- \* You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- \* Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies. Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- \* Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- \* You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- \* You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

statements or omission of information employment. I also understand that for dismissal. I acknowledge that I had LLC to obtain a report from a Consu	me in this application for employment on on this application or any attachment, if employed, any false statement or or ave been advised of my rights under the mer Reporting Agency by signing this door my request. This authorization is in	at shall be sufficient cause for myself mission on this application or any att Fair Credit Reporting Act and I autholocument. If a report is requested, I have	to <u>not</u> be considered for achment shall be sufficient cause orize United Staffing Solutions, ave been advised that I can be
Name:	Signature:	1	Date: