Southington Tool 8 Manufacturing CORPORATION More than a source your manufacturing partner	300 Atwater Street Plantsville, CT 06479 860-276-0021 www.stmc.com EMPLOYMENT APPLICATION		
Date	Social Security #		
Name	Birth Date		
Address	Email		
Home Number ()	Cell Number ()		
If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? () Y or () N Position Applied For:			
Full Time () Part Time (): mornings () afternoons () Salary desired: \$		
	Are you available to work overtime? () Y or () N		
Education, Training and Experience			
High School:			
School address:			
Dates Attended: Did you graduate? () Y or () N; Degree / diploma earned			
College/University:			
School address:			
Dates Attended: Did you graduate? () Y or () N; Degree / diploma earned			
Trade/Technical School:			
School address:			
Dates Attended: Did you graduate? () Y or () N; Degree / diploma earned			
Personal Data			
Name of friends or relatives who are en	nployed by this company?		
Are there any limitations, whether physical or otherwise, that may prevent you from performing the job you are applying for: () Y or () N, If yes please explain:			
Person to notify in case of an emergenc	y:Phone:		

Employment History		
Most Recent Employment:		
Name of Company:	Hire Date:	End Date:
Address:	Phone:	
Name of Supervisor:	Beginning Salary	Ending Salary
Title/Duties:	Reason for Leaving:	
Previous Employment:		
Name of Company:	Hire Date:	End Date:
Address:	Phone:	
Name of Supervisor:	Beginning Salary	Ending Salary
Title/Duties:	Reason for Leaving:	
Name of Company:	Hire Date:	End Date:
Address:	Phone:	
Name of Supervisor:	Beginning Salary	Ending Salary
Title/Duties:	Reason for Leaving:	
List below two persons who have knowledge of your work perform only.	mance within the last 2 years. Pleas	e include professional references
Name:	Phone Number	
Address:		
Name:	Phone Number	
Address:		
I certify that information contained in this application is true and rejection of this application or dismissal if I am hired. I authorize is understand and acknowledge that, unless otherwise defined by a of an "at will" nature, which means that the Employee may resign with or without cause. It is further understood that this "at will" e document or by conduct unless such change is specifically acknow of this corporation. I understand that acceptance for employment understand that following any interview that I may be granted, I s that a criminal background search may be conducted and that any from the same and the successful completion of a physical examinate attempt to make reasonable accommodation for known disabilitie	nvestigation of all statements conta pplicable law, any employment rela at any time, and the Employer may employment relationship may not b vledged in writing by an authorized t shall depend on satisfactory replies hall be required to provide informa y offer of employment shall be conta nation and drug screen, to be paid b	ained in this application. I hereby ationship with this organization is y discharge the Employee any time e changed by any written Director or designated employee es from my references. I further ation about my criminal record and ditioned upon satisfactory results by STMC, and that STMC will
Applicant's Signature	Da	te