



Strategic Alliances International,
I N C O R P O R A T E D

350 Fifth Avenue • Suite 4514
New York, NY 10118
Bus: 1-212-695-4545
Fax: 1-212-465-0978
E-mail: ggctrading@erols.com

Post Office Box 448
Jerome, Idaho 8333
Bus: 1-208-324-8920
Fax: 1-208-324-8937

Toll Free - 1-866-324-8920
E-mail: info@sai-usa.com

Positon Applied for: _____ Date: _____

Full Legal Name _____

Telephone: () _____ or () _____

- *All information obtained within this application will be held in strict confidence, subject to applicable law.*
- *Please complete all applicable sections and sign the last page.*
- *Please print clearly.*
- *Travel may be required for certain positions.*
- *Verification of legal residency will be required upon hire.*

Address: _____

Date you are available for employment: _____

Wage or salary desired: _____

Have you ever worked for or applied for a positon at SAi before? _____
If yes, when and where?

Employee of SAi, Inc. and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, reition, political affiliation, national origin, disability, gender or age.

EDUCATION & TRAINING

SAi has a company policy stating a minimum educational level of Grade 12 or equivalent for all positions.

Highest level of education completed: _____

Name of educational institute: _____

What machines or equipment have you operated which relate to the position you have applied for?

Are there any skills, experience, of other qualifications which you feel would assist you in performing the duties of the position you have applied for?



List below your last three employers, starting with the most recent.

Employer's Name: _____

Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties:

May we contact this employer? _____ (If No, state brief reason): _____

Employer's Name: _____

Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties:

May we contact this employer? _____ (If No, state brief reason): _____

Employer's Name: _____

Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties:

May we contact this employer? _____ (If No, state brief reason): _____

False information given or implied on an application form is grounds for immediate dismissal without further notice. I hereby state that all information provided is accurate and may be verified by SAi. I agree that I may be discharged if SAi, at any time, learns of falsification or material omission in the information provided on this application form and related documents. SAi may contact my former employer in connection with the consideration of my employment with them. All references are hereby authorized to release all information which they may have relevant to my employment with them. I hereby release SAi, its affiliates, successors, and assigns, and all references from any liability that might be claimed because of information provided by such references. I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that SAi reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

Applicant Signature: _____ Date: _____

Note: Additional personal information will be required to complete benefit forms after being hired.