

Application Form For Apprenticeship Program

STO PLC, PEOPLE OPERATION DEPARTMENT

Contact: 3344357 / 3344282



PERSONAL DETAILS	
Full name:	
National ID Number:	
Date of Birth:	
Permanent Address:	
Present Address:	
Contact Number:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

INTERESTED FIELD	
1. National Certificate III in Retail Services	<input type="checkbox"/>
2. National Certificate III in Automotive Maintenance (Light Vehicles)	<input type="checkbox"/>

EDUCATIONAL QUALIFICATION		
Subject	School / Institute	Year

<p>Declaration: As an applicant for apprenticeship at STO PLC, I understand and agree that failure to answer all questions on this application form and/or providing false information herein may be cause for denial of apprenticeship. Additionally, by my submission of this application form, I authorize the release of information regarding my education, background, and work history to be used in determining my suitability for apprenticeship at STO PLC.</p>	
Sign:	Date: