

Application for Employment

Personal Information								
Name (last name first) :			So	Social Security Number:				
Present Address :								
City				ate:	Zip Cod	Code:		
Permanent Address :								
City:				State: Zip Code :				
Phone Number:				Referred by:				
		Employment Desir	red					
Position : Date Available :				Salary Desired :				
Education								
Level	Name	and Location of School		Years ttended	Did You Graduate?	:	Subjects Studied	
Grammar School								
High School								
College								
Trade School								
Licenses, Registrations and Certifications								
Description		Number		Date Received		Expiration Date		
Skills								



List the skills you posse	ess and believe are relevant	to the position you se	ek:						
		M	Iilitary						
Start of Service		End of Service			Rank				
		Forme	r Employers						
Dates	Name/Ad	dress	Position		Salary		Reason for Leaving		
Background									
Have you ever been convicted of a Felony or First Degree Misdemeanor?								Yes 🗆] No
If yes, what charges?									
Have you ever plead Nolo Contendere or plead guilty to a crime which is a Felony or a First Degree Misdemeanor?								Yes 🗆] No
If yes, what charge	s?								
Note: A yes answer wil which you are applying	ll not automatically bar yog are considered.	u from employment.	The nature, severi	ty and dat	e of the offense in re	elation t	o the	position	for
Background									
Have you been injured on a job site?							Yes 🗆] No	
Describe:									
Have you, at any time, filed a claim for Worker's Compensation?								Yes 🗆] No
		Rej	ferences						



Name:	Address :				
Business:	Phone :	Years Know:			
Name:	Address :				
Business:	Phone :	Years Know:			
Name:	Address:				
Business:	Phone :	Years Know:			
Name:	Address:				
Business:	Phone :	Years Know:			
Certification					
I am aware that any omissions, falsification, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators and personnel staff of Delta Technologies, Inc. I certify that to the best of my ability all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.					
Signature: Date:					
I understand that the first ninety days of employment are a probationary period for evaluation purposes, and that Delta Technologies, Inc. is under no obligation to offer me a permanent position within the company. Any time during the evaluation period I may be terminated for cause without penalty to Delta Technologies, Inc. By signing, I fully understand and agree to the above statement.					
Initial Here:					
Drug Testing & Background Check: I understand that a successful pre-employment drug test & background check is mandatory prior to being hired. Drug testing will be done onsite at a designated date.					
Delta Technologies is a E-Verify employer.					
Signature:	Date:				