

Application for Employment

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

Skills				
<i>List the skills you possess and believe are relevant to the position you seek:</i>				
Military				
<i>Start of Service</i>		<i>End of Service</i>		<i>Rank</i>
Former Employers				
<i>Dates</i>	<i>Name/Address</i>	<i>Position</i>	<i>Salary</i>	<i>Reason for Leaving</i>
Background				
Have you ever been convicted of a Felony or First Degree Misdemeanor?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what charges?				
Note: A yes answer will not automatically bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying are considered.				
Background				
Have you been injured on a job site?				<input type="checkbox"/> Yes <input type="checkbox"/> No



Delta
Technologies, Inc.

Low Voltage System Integrators

Describe:		
Have you, at any time, filed a claim for Worker's Compensation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
References		
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		
<p>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.</p>		
Signature:	Date:	
<p>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.</p>		
Initial Here:		
<p>Drug Testing: I understand that a successful pre-employment drug test is mandatory prior to being hired. Testing will be done onsite at a designated date.</p>		

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State Licenses EF-20000414, ES-0000212, LU-40502 (GA), 1633 (AL)



Signature:	Date:
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