

Delta Innovative Services

Application for Employment

Applicant Note

This Application for Employment is intended for use in evaluating your qualifications. This is not an employment contract. If employment is offered, it is strictly on an "at will" basis, which means that you may resign at any time, or Delta Innovative Services (DELTA) may terminate your employment at any time for no reason, or for any reason not prohibited by law. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs on your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

General Information

Name		Social Security	
Address		Home Phone	
City, State, ZIP Code		Work Phone	
Emergency Contact		Phone	
Prior Address		Have you previously applied at DELTA ?	Yes No
Prior City, State, ZIP		Who referred you to DELTA?	

Availability

Position applied for:		Requested Rate of Pay:	
Full-Time Part-Time Temporary		Date Available to Work:	

Education

Level of Education	Name of School	From Year	To Year	Did you graduate?	List Degrees
High School				Yes No	
College				Yes No	
Graduate School				Yes No	
Other (Specify)				Yes No	

Employment

Employer / Address	Supervisor / Phone	From / To	Position / Salary	Describe your job responsibilities:

Job Skills

Drivers License Number		State of Issue:		Is your license currently valid?	Yes No
Type of License:		Endorsements:		Restrictions:	
Moving violations in the last three years?			Do you have other skills, licenses, or certificates that are job-related?		
Have you been given a job description, or had the requirements of the job explained to you?	Yes	No	Do you understand these requirements?	Yes	No
Can you perform the requirements of this job with or without reasonable accomodation	Yes	No			

Security

List all counties and states of residence for the past seven years:	County/State (list all):
Have you used another name or Social Security Number, other than those listed above? Yes No	If so, list all:
Have you been convicted of a felony and/or served time for a felony within the past seven years? Yes No	If so, please give details (incident, location, charge):

References

Name	Address	Phone	Years Known	Relationship

Comments

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Certification, Release and ADR

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information, including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited prior to and during employment. I agree to mediate in good faith any issue which arises concerning my hiring, my employment or termination from employment.

Signature	Date	Email
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