



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, gender identity, sex, sexual orientation, national origin, age, disability, marital or veteran status, citizenship, genetic information, or any other legally protected status.

Fill out each section completely. Incomplete applications may be discarded. If you have any questions, ask.

(PLEASE PRINT)

Position(s) Applying For	Shift Preference	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement: <i>Name of Publication</i> _____ <input type="checkbox"/> Employment Agency: <i>Name of Agency</i> _____	<input type="checkbox"/> Walk-in <input type="checkbox"/> Employee: <i>Name of Employee</i> _____ <input type="checkbox"/> Other: <i>Please specify</i> _____	

Last Name	First Name	Middle Name
Street Address	City, State, Zip Code	
Telephone Number	Social Security Number or Work Permit Number	

If you have ever been known by any other name(s), please state what name(s) and when. _____

Are you:

- Yes No over the age of 18? If not, do you have a work permit? **Yes** **No**
- Yes No a previous applicant? *Date of previous application* _____
- Yes No a previous employee? *Date of previous employment* _____
- Yes No legally able to work in the United States?
- Yes No currently on "layoff" status and subject to recall?
Name of employer _____ *How long?* _____
- Yes No a relative of any current employee(s)? *Name(s)* _____

Check type of employment desired: Full Time Part Time Temporary

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities. List scholastic honors and offices held in high school or college. You may exclude any organizations which reveal race, color, religion, creed, gender, gender identity, sex, sexual orientation, national origin, age, disability, marital or veteran status, citizenship, genetic information, or any other legally protected status.

MILITARY EXPERIENCE (Note: completing this section of the application is optional. Leave this area blank if you do not wish to answer.)

Branch of Service	Rank at Discharge	Date of Service
List duties in the service, including schools and training.		

ADDITIONAL QUALIFICATIONS

What knowledge, special technical or computer skills, and/or individual capabilities do you have which especially prepare you for the position you have applied for? Include volunteer activities. You may exclude any organizations which reveal race, color, religion, creed, gender, gender identity, sex, sexual orientation, national origin, age, disability, marital or veteran status, citizenship, genetic information, or any other legally protected status.

EMPLOYMENT RECORD

Start with your present or last job. You may include any job-related military service assignments. Fill out completely with your entire job history, regardless of whether you have also submitted a resume.

Employer		Work Performed		Start Date/End Date
Complete Address				
Telephone Number				
Your Job Title	Name & Title of Spvr.	Starting Rate/Salary	Final Rate/Salary	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		Work Performed		Start Date/End Date
Complete Address				
Telephone Number				
Your Job Title	Name & Title of Spvr.	Starting Rate/Salary	Final Rate/Salary	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		Work Performed		Start Date/End Date
Complete Address				
Telephone Number				
Your Job Title	Name & Title of Spvr.	Starting Rate/Salary	Final Rate/Salary	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you need additional space, please continue on a separate sheet of paper.

WORK-RELATED REFERENCES

Name	Complete Address	Telephone Number
Name	Complete Address	Telephone Number
Name	Complete Address	Telephone Number

APPLICATION STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize any former employer, school official, or listed reference to release information to Delta Systems Inc.

I understand that this application for employment shall only be considered active until the position is filled or cancelled and that, should I wish to be considered for other positions, I should verify that the positions are open and reapply.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time and Delta Systems, Inc. may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of Delta Systems Inc.

I also understand that the first ninety (90) calendar days of my employment will be considered an introductory period. The introductory period is intended to give me the opportunity to demonstrate my ability to work at the expected level of performance. The company uses this period to evaluate my capabilities, work habits, commitment to applicable safety standards, and overall performance. During my introductory period, I understand that I will not be subject to the company's Progressive Discipline process. Under certain circumstances, the company may extend my introductory period. As referenced above, I understand that my employment status will remain at-will both during, and after this introductory period.

I understand that false, misleading or incomplete information given in my application, resume, or interview(s) may result in discharge from employment, or if not yet employed, disqualification from the hiring process. I understand, also, that I am required to abide by all rules and regulations of Delta Systems, Inc.

I further understand that any offer of employment is contingent upon my satisfactory completion of a medical examination and employment screening procedures which may include personality or psychological testing, drug and alcohol testing, and proficiency testing.

Except where specifically prohibited by law, I agree that any claim or lawsuit arising out of my application for employment with, my employment with, or my separation of employment from the Delta Systems, Inc. must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit, or within the applicable statute of limitations, whichever expires first. This limitations period applies whether the claim or lawsuit is filed by me or by Delta Systems, Inc. Furthermore, the limitations period applies to: (1) all federal employment-related claims, including but not limited to those brought under the Age Discrimination in Employment Act (ADEA), Americans With Disabilities Act (ADA), Consolidated Omnibus Budget Reconciliation Act (COBRA), Employee Retirement Income Security Act of 1974 (ERISA), Fair Credit Reporting Act (FCRA), Fair Labor Standards Act (FLSA), Family and Medical Leave Act (FMLA), Genetic Information Nondiscrimination Act (GINA), Title VII of the Civil Rights Act of 1964, and Uniformed Services Employment and Reemployment Rights Act (USERRA); and (2) to all state, municipal or local employment-related claims, including but not limited to claims for employment discrimination, wrongful discharge, retaliation or failure to pay appropriate wages or fringe benefits.

While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I WAIVE ANY STATUTE OF LIMITATIONS OF A DURATION LONGER THAN SIX (6) MONTHS.

Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, I agree that the court shall enforce this provision to the greatest extent possible and shall declare the lawsuit barred unless it was brought within the minimum period of time within which that court finds is reasonable.

Signature of Applicant

Date