

DELTA CORPORATION APPLICATION FOR EMPLOYMENT

Type or Print Clearly

Personal Information

DATE

NAME

Last

First

Middle

PRESENT ADDRESS

Street

City

State

ZIP Code

PERMANENT ADDRESS

Street

City

State

ZIP Code

PHONE NO.

IF YOU ARE OFFERED EMPLOYMENT, CAN YOU SUBMIT
VERIFICATION OF YOUR RIGHT TO WORK IN THE UNITED STATES?

Yes ___ No ___

EMPLOYMENT DESIRED

POSITION

SALARY
DESIRED

DATE YOU
CAN START

ARE YOU EMPLOYED NOW? Yes ___ No ___ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes ___ No ___

EVER APPLIED TO THIS COMPANY BEFORE? Yes ___ No ___ WHEN/WHERE:

EDUCATION	NAME AND ADDRESS OF SCHOOL	DEGREE OR CERTIFICATE	SUBJECTS STUDIED
HIGH SCHOOL			
UNIVERSITY OR COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

GENERAL

DO YOU HAVE ANY EXPERIENCES, SKILLS, OR QUALIFICATIONS THAT WILL BE OF SPECIAL BENEFIT IN THE POSITION FOR WHICH YOU ARE APPLYING?

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?

READ

WRITE

WHAT PROFESSIONAL ORGANIZATIONS DO YOU BELONG TO?

Continued on other side.

WORK EXPERIENCE

List all present and past employment, including part-time or seasonal, beginning with the most recent.

EMPLOYER	EMPLOYMENT DATES AND SALARY	DESCRIBE THE WORK YOU DID IN DETAIL	REASON FOR LEAVING
NAME	FROM: _____		
ADDRESS	TO: _____		
CITY/STATE/ZIP CODE	STARTING SALARY: _____		
PHONE	ENDING SALARY: _____		
SUPERVISOR			
NAME	FROM: _____		
ADDRESS	TO: _____		
CITY/STATE/ZIP CODE	STARTING SALARY: _____		
PHONE	ENDING SALARY: _____		
SUPERVISOR			
NAME	FROM: _____		
ADDRESS	TO: _____		
CITY/STATE/ZIP CODE	STARTING SALARY: _____		
PHONE	ENDING SALARY: _____		
SUPERVISOR			

REFERENCNCES:

Give the names of three people not related to you, whom you have known at least one year.

NAME	BUSINESS NAME/ADDRESS	BUSINESS PHONE	OCCUPATION
1.			
2.			
3.			

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE

SIGNATURE
