Application for Employment

Delta City Corporation
76 North 200 West
Delta UT 84624-9440
435.864.2759 V/435.864.4313 F

Instructions: It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

Date of Application _____

Name _____ Home Phone ( ) _____

Cellular/Other Phone ( ) _____ E-mail _____

Address _____

City/State/ZIP _____

Position applied for _____

Shift preferred: 1 ☐ 2 ☐ 3 ☐ Any ☐ Not Applicable ☐

Expected salary range or hourly rate of pay _____

Type of work desired Full-time ☐ Part-time ☐ Seasonal ☐ Temporary ☐

Date available for work _____

How were you referred to this company? _____

Have you ever been employed here before? Yes ☐ No ☐ If yes, give dates _____

Is this application a request for reemployment following an extended military leave of absence from this company? Yes ☐ No ☐

If Yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required? Yes ☐ No ☐

Are you legally eligible for employment in the USA? Yes ☐ No ☐

If Yes, proof is required if hired.

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes ☐ No ☐ Need more information about the job's "essential functions" to respond ☐

Will you relocate if required? Yes ☐ No ☐

Will you travel if required? Yes ☐ No ☐

Will you work overtime if required? Yes ☐ No ☐

If driving may be required in the job for which you are applying, please provide your driver's license number.

DL # _____ State _____

Have you ever been bonded? Yes ☐ No ☐

For Office Use Only

Applicant # _____

Employee # _____

Hire Date _____

Position _____

Rate _____

Class _____

Skill _____

Other _____

Notes: _____

Attachments

☐ Resumé

☐ Applicant Reference Notes

☐ Applicant Interview Notes

☐ Test Results

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Employment Experience

Place an ☒ by the employer(s) you ***do not*** want us to contact. List your most recent employer first.

1. Employer _____

☐ Address _____

Job Title _____ Supervisor _____

E-mail _____ Phone ( ) _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

2. Employer _____

☐ Address _____

Job Title _____ Supervisor _____

E-mail _____ Phone ( ) _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

3. Employer _____

☐ Address _____

Job Title _____ Supervisor _____

E-mail _____ Phone ( ) _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

4. Employer _____

☐ Address _____

Job Title _____ Supervisor _____

E-mail _____ Phone ( ) _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

Explain any gaps in employment, other than those due to personal illness, injury or disability.

_____

_____

Have you ever been fired or asked to resign from a job? Yes ☐ No ☐

_____

_____

Educational Background

High School:

Name of school _____ Location _____

Course of study _____ Did you graduate? Yes ☐ No ☐ Degree or diploma _____ Years completed _____

College:

Name of school _____ Location _____

Course of study _____ Did you graduate? Yes ☐ No ☐ Degree or diploma _____ Years completed _____

Graduate School:

Name of school _____ Location _____

Course of study _____ Did you graduate? Yes ☐ No ☐ Degree or diploma _____ Years completed _____

Vocational Training — Other:

Name of school _____ Location _____

Course of study _____ Did you graduate? Yes ☐ No ☐ Degree or diploma _____ Years completed _____

Continuing Education:

_____

Skills and Qualifications

List any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

_____

_____

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

☐ Word Processing _____ Years: _____ ☐ Internet _____ Years: _____

☐ Spreadsheet _____ Years: _____ ☐ Other _____ Years: _____

☐ Presentation _____ Years: _____ ☐ Other _____ Years: _____

☐ E-mail _____ Years: _____ ☐ Other _____ Years: _____

Is there any other job-related information you want us to know about you? _____

_____

References

List names and telephone numbers of three business/work references who are not related to you and are **not** previous supervisors.
If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	Years Known

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains active for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment, either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature _____ **Date** _____

This Application for Employment has been prepared for general use throughout the United States. Neither HRdirect nor its counsel or advisers assumes any responsibility for the inclusion in the Application for Employment of any questions that may violate local, state, or federal laws. Users should consult their legal counsel about any questions they may have concerning this form or its use.

APPLICANT: Do not write in this space. (For office use only.)

Interviews

Date	Interviewer(s)

Test Results

Tests Administered	Date	Score	Rating

Reference Checks

Date Contacted	Reference Name	Contacted By