

			
Delta Research 32971 Capital St. Livonia, Michigan 48150 734-261-6400 www.deltaresearch.com	Delta Gear 36251 Schoolcraft Livonia, Michigan 48150 734-525-8000 www.delta-gear.com	Delta Inspection 36251 Schoolcraft Livonia, Michigan 48150 734-525-8000 www.deltainspect.com	Realtrac Performance ERP 32971 Capital St. Livonia, Michigan 48150 734-793-3811 www.realtrac.com

EMPLOYMENT APPLICATION
An Equal Opportunity Employer

Name (Last Name, First Name, Middle Initial) _____

Street Address _____ City _____ State _____ Zip Code _____ Phone No. _____

Position Desired _____ Salary/Hourly Rate Desired _____ Referred by _____

- Are you currently employed now? Yes No If yes, may we contact your present employer? Yes No
- Are you at least 18 years old? If not, Work Permit No. _____ Yes No
 - Are you legally authorized to work in the United States? Yes No
 - Do you now, or will you in the future need sponsorship? Yes No
 - Can you work any shift? Yes No Can you work overtime, including weekends? Yes No
 - Identify the dates of all prior felony convictions and/or guilty pleas. (Conviction will not necessarily preclude employment) Yes No
Please explain: _____
 - Have you ever applied to The Delta Family of Companies? Yes No
If yes, under what name? _____
 - Have you previously been employed by The Delta Family of Companies? Yes No
If yes, when: _____
Under what name: _____
 - List any/all relatives currently employed at The Delta Family of Companies. _____

EDUCATION HISTORY - Please list all schools attended

School	Location (City/State)	Major/Course Studied	GPA and Degree

GENERAL INFORMATION

Special Training	
Special Skills	
U.S. Military or Naval Service	

FOR MANAGEMENT USE ONLY:	<u>Position Offered:</u>
<u>Pay:</u>	<u>Start Date</u> <u>Interviewed by:</u>

EMPLOYMENT HISTORY

List below, beginning with the most recent, all present and past employment (use a separate sheet of paper if necessary)

Company Name	Company Address	Phone Number
Position Held/Job Title		Dates of Employment
Name and Title of Immediate Supervisor		
Reason for Leaving		Hourly Wage/Salary
Brief Description of Duties		

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PLEASE LIST (3) PROFESSIONAL REFERENCES

_____ Name (Please Print)	_____ Name (Please Print)	_____ Name (Please Print)
_____ Title	_____ Title	_____ Title
_____ Relationship	_____ Relationship	_____ Relationship
_____ Phone Number	_____ Phone Number	_____ Phone Number

The Delta Family of Companies are Equal Opportunity Employers. It is the company policy to afford equal employment opportunity regardless of race, color, religion, national origin, sex, age, weight, marital status, veteran status, or disability as defined by law. Michigan law requires that a person with a disability requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

I certify that all the information furnished on this application is true, complete, and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service from the Delta Companies if employed.

I understand that consideration for at-will employment at the Delta Companies is conditional upon a review of my qualifications, work history, references, etc. I authorize the Delta Company to request and obtain verification that the information given by me on this Application is true, accurate, and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. I therefore authorize my current and all previous employers to cooperate with the Delta Companies, and to release, on a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them, to the Delta Company's, in connection with my application for employment with the Delta Companies. I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to the Delta Companies.

Applicant Name (please print)	Applicant Signature	Date
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