



Delta Electric Motor, Inc.
APPLICATION FOR EMPLOYMENT
PLEASE PRINT OR TYPE

Position applying for: \_\_\_\_\_ Date of Application \_\_\_\_\_

Form with fields: Last Name, First Name, Middle Name, Address, City, State, Zip Code, Telephone Number(s), Email Address, Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_Yes \_\_\_No

Desired rate of pay \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_Yes \_\_\_No

Are you currently employed? \_\_\_Yes \_\_\_No

May we contact your present employer? \_\_\_Yes \_\_\_No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment) \_\_\_Yes \_\_\_No

On what date would you be available to work? \_\_\_\_\_

Are you available to work: \_\_\_Full time \_\_\_Part time \_\_\_Shift work \_\_\_Temporary

Are you related to anyone now working with at Delta Electric Motors, Inc.? \_\_\_Yes \_\_\_No

\_\_\_ If yes, give name and relationship \_\_\_\_\_

Can you travel if a job requires it? \_\_\_Yes \_\_\_No

Have you ever been convicted of a felony within the last 10 years? \_\_\_Yes \_\_\_No

(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain \_\_\_\_\_

Have you ever been in the Armed Forces? \_\_\_Yes \_\_\_No

If yes, Branch \_\_\_\_\_ Date of discharge \_\_\_\_\_

**Employment/Experience Information**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. If additional space is needed, please attach sheet.

1.

Employer	Job Title		
Address	Supervisor		
Telephone Number	Reason for leaving		
Dates Employed From	to	Hourly rate/Salary: Starting	Ending

Work Performed:

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2.

Employer	Job Title		
Address	Supervisor		
Telephone Number	Reason for leaving		
Dates Employed From	to	Hourly rate/Salary: Starting	Ending

Work Performed:

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3.

Employer	Job Title		
Address	Supervisor		
Telephone Number	Reason for leaving		
Dates Employed From	to	Hourly rate/Salary: Starting	Ending

Work Performed:

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**Special skills and qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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**Education**

High School

Name \_\_\_\_\_ Years Completed 1 2 3 4 Graduated \_\_ Yes \_\_ No Year \_\_\_\_\_  
Address or location \_\_\_\_\_

Community/Technical College

Name \_\_\_\_\_ Years Completed 1 2 Graduated \_\_ Yes \_\_ No Year \_\_\_\_\_  
Address or location \_\_\_\_\_ Course of Study (Degree) \_\_\_\_\_

College/University

Name \_\_\_\_\_ Years Completed 1 2 3 4 Graduated Yes No Year \_\_\_\_\_  
Address or location \_\_\_\_\_ Course of Study (Degree) \_\_\_\_\_

Trade School

Name \_\_\_\_\_ Years Completed 1 2 3 4 Graduated \_\_ Yes \_\_ No Year \_\_\_\_\_  
Address or location \_\_\_\_\_ Course of Study (Degree) \_\_\_\_\_

Apprenticeship

Name \_\_\_\_\_ Years Completed 1 2 3 4 Graduated \_\_ Yes \_\_ No Year \_\_\_\_\_  
Address or location \_\_\_\_\_ Course of Study (Degree) \_\_\_\_\_

If additional space is needed, please attach sheet.

**Employers where you served your Apprenticeship, Learning Period, and/or Training**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List professional, trade, business or civic activities and offices held.**

*You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or handicapped or other protected status.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No

If you are applying for a position that requires driving, are you able to show or obtain a valid Washington State Driver's License? Drivers License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

## References

Give name, address and telephone number of three references that can provide assessment of past performance and abilities with respect to job responsibilities.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

## Job Applicant's Certification and Agreement

I hereby certify that the facts set forth in this employment application are true and complete in all respects. I authorize Delta Electric Motors, Inc. and its employees or agents to verify the accuracy of this information and to obtain reference information on my work performance and history. In signing this application, I understand that I hereby unconditionally release Delta Electric Motors, Inc., its employees, agents and any persons, past employers, or business of any and all liability resulting from providing information, reference checking, obtaining reference information, performing criminal history background check and/or making an employment decision based on such information.

I understand that, if employed, falsified statements or omissions of facts reported on this application shall be considered sufficient cause for dismissal.

I agree that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment at Delta Electric Motors, Inc. Further, I attest that I am authorized to work in the United States.

I agree that should an employment offer be extended to me. I will submit to a medical examination and drug test before starting work if required. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Delta Electric Motors, Inc. as permitted by law. I consent to such examinations and test and I request the examining doctor to disclose to Delta Electric Motors, Inc. the results of the examination. If I am hired, a condition of my employment will be that I abide by the companies Substance Abuse Policies.

Name \_\_\_\_\_  
Please print or type

Signature \_\_\_\_\_

Date \_\_\_\_\_