



DLT Manufacturing

Precision Sheet Metal Manufacturing & Machining

Employment Application

DLT Mfg. Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed national origin, religion, marital status, sexual orientation, political belief or disability. Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data (Please Print)

_____	_____	_____
First Name	Middle	Last Name
_____	_____	_____
Street Address	City	State Zip Code
_____	_____	_____
Home Telephone Number	Social Security Number	Today's Date
_____	_____	_____
Daytime Telephone Number at which we may contact you		Cell Phone Number

Are you 18 years of age or older? Yes _____ No _____
Have you ever been convicted of a crime? Yes _____ No _____
If "yes", please explain:

How were you referred to the company?

For what position are you applying for? _____

Salary desired: \$ _____ could you work overtime? Yes _____ No _____

What date could you start work? _____ could you travel if required? Yes _____ No _____

Education

High School

School Name/location: _____

Degree or # of Years Completed: _____

College

School Name/Location: _____

Degree or # of Years completed: _____

Major or Subject: _____



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List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status orientation, political belief, or disability):

Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer: _____
City and State: _____
Telephone Number: _____
Supervisor's Name and Title: _____
Position Title: _____
Reason for Leaving: _____
Salary: _____
Dates of Employment: From: _____ To: _____
May We Contact Your Employer: Yes _____ No _____

Previous Employer: _____
City and State: _____
Telephone Number: _____
Supervisor's Name and Title: _____
Position Title: _____
Reason for Leaving: _____
Salary: _____
Dates of Employment: From: _____ To: _____
May We Contact Your Employer: Yes _____ No _____

Previous Employer: _____
City and State: _____
Telephone Number: _____
Supervisor's Name and Title: _____
Position Title: _____
Reason for Leaving: _____
Salary: _____
Dates of Employment: From: _____ To: _____
May We Contact Your Employer: Yes _____ No _____



Professional References

Name	Title	Company	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employer, schools, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences as well as claim involving me in the files of insurance companies, I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to the obtaining of the information by the Company and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Initials

All hiring and employment at the Company is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by the Company has no specific term and may be terminated by the employee or the Company with or without notice. I acknowledge that the Company has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with the Company, and that failure to provide evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnish information to the Company. I agree to release and hold harmless the Company from all liability with respect of such information. I certify that the information I have furnished on his application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with the Company may be terminated.



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[SIGNATURE PAGE TO EMPLOYMENT APPLICATION]
Applicant Release

Please submit a resume with this Employment Application.

DLT Manufacturing Inc.

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further I understand that the company will be requesting information from various Federal, State, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to DLT Manufacturing Inc. obtaining the above information. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature

Date

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for other purpose.

Please print clearly:

Print Full Name: _____ Sex: Male _____ Female: _____
Print other Names you have used: _____ Dates used: _____
Date of Birth (mm/dd/yy): _____ Social Security #: _____
Current Drivers License #: _____ Issuing State: _____
Other Drivers License #s: _____ Issuing State: _____
(list last 7 years only)

Home Addresses (for the last 7 years, list most current first – use back for more space if needed)

Street: _____ City: _____ State: _____

Zip Code: _____ County: _____

From – To Dates: _____ - _____

Street: _____ City: _____ State: _____

Zip Code: _____ County: _____

From – To Dates: _____ - _____

_____ Check here if there are addresses listed on back