



Application for Employment

HR-FM 4.3.2-001 Rev 2

DEL Corporation is an equal opportunity employer. Applicants requiring reasonable accommodations for the application and interview processes should notify the Director of Quality and Personnel. Please email your resume to hr@deltank.com. You may also bring or mail your completed application to the address listed below.

General Information

Position Applied For: _____ Date of Application: _____

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Are you 18 years or older? Yes ☐ No ☐ If not do you have a permit to work? Yes ☐ No ☐

Have you been previously employed by DEL Corporation? Yes ☐ No ☐ If so, when? _____

Are you legally eligible for employment in this country? Yes ☐ No ☐

What type of employment are you looking for? Full-Time ☐ Part-Time ☐ Temporary ☐

Have you been convicted of a crime in the past 7 years? ☐ Yes ☐ No ☐ Driver's License Number / State _____ / _____

If yes, please explain. _____

Employment History

Please provide the following information for your past 3 employers

Employer	Start Date	End Date	Ending Pay
Phone Number	Job Title	Immediate Supervisor	
Position Description			
Reason for Leaving			



Employment History Continued

Employer _____ Start Date _____ End Date _____ Ending Pay _____
 Phone Number _____ Job Title _____ Immediate Supervisor _____
 Position Description _____
 Reason for Leaving _____

Employer _____ Start Date _____ End Date _____ Ending Pay _____
 Phone Number _____ Job Title _____ Immediate Supervisor _____
 Position Description _____
 Reason for Leaving _____

Educational Background

High School _____ Did you complete? Yes ☐ No ☐ Course of Study _____
 Trade School _____ Did you complete? Yes ☐ No ☐ Course of Study _____
 College _____ Did you complete? Yes ☐ No ☐ Course of Study _____
 Other _____ Did you complete? Yes ☐ No ☐ Course of Study _____

References

Name _____ Relationship _____ Contact Number _____
 Name _____ Relationship _____ Contact Number _____
 Name _____ Relationship _____ Contact Number _____



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Acknowledgement

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, education institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and there are no questions on the this application used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

The application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment it will be necessary to complete a new application for employment.

I understand that in order to create, provide, and maintain a safe and effective workplace, employment with the organization is considered "at-will" which means employment is voluntary and subject to termination by the employee or DEL Corporation at any time, with or without cause, and with or without notice. This application for employment and none of the information presented in DEL Corporation organizational policies signifies, implies, or intends a contractual employment agreement or should be interpreted to conflict with, eliminate, or modify in anyway the "at-will" employment status with the organization.

I understand it is DEL Corporations policy not to refuse to hire a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

By signing this document, I acknowledge that I have read, understand, and accept the conditions stated in this document and I submit this application for employment with DEL Corporation.

Acknowledgement

Signature of Applicant

Date of Application

