

Before filling out this application, please read the important information below

- 1. This company DOES run background checks, drug screenings, and I-9 employment verification through the U.S. Department of Homeland Security E-Verify program.
- 2. Attached to this application is "A Summary of Your Rights Under the Fair Credit Report Act", and a "List of Acceptable Documents". Tear off and keep these. DO NOT RETURN THESE WITH YOUR APPLICATION.
- 3. IF a job is offered to you by a representative of this company, you will be instructed to make an appointment with the corporate office in Perry GA to complete new hire papers AND your employment will be pending the results of your background cheek and the employment verification process.
- 4. IF a job is offered, it is REQUIRED that you bring certain documents that will establish your identity (for example: social security card and driver's license). See the "List of Acceptable Documents".
- 5. EF a job is offered, the cost of the background check will be deducted from your 1st paycheck.



APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

		Position app	olying for:		
application was design	estions. Resumes are ed to use with several to are seeking; however, v	ypes of job positi	ons. Some que	estions ma	this application. Note: This ay not be completely applicable
Last Name	Pirst	Middle	Initial	Soc	ial Security
Present Address	Street	City/Sta	te/Zip	Tel	ephone Number
Only U.S. citizens or employment, submit do Yes No	aliens who have a lega ocumentation verifying	l right to work in your legal right to	the U.S. are on the U.S. are of the U.S. are o	eligible fo J.S. and y	or employment. Can you, upon our identity?
necessary.) A convict	onvicted of a felony? [ion does not automatical. Give all of the facts s	ally mean you wi	ill not be hired	. The bas	splain. (Attach separate paper if sis for your conviction and how
Are you 18 years of a	age or over?	es 🗌 No 1	Date available	for emplo	yment:
Is there anything that the position in which y	would prevent you from you have applied?	n performing in Yes No If ye	a reasonable a es, please expla	nd safe m iin:	nanner, the activities involved in
EDUCATIONAL D	ATA				
School	Print Name, Number a State and Zip Code for		No. of Yrs. Completed	Degree	Major Course of Study
High School					
College					
Graduate School					
Trade, Bus., Night or Correspondence					
•	ny ioh roletad skille en				The second secon
	ny job-related skills or	quamications tha	a support your	аррисан	on.
Honors received: In order to permit a assumed name that yo	check of your work a ou previously used?	nd educational r Yes	ecords, should yes, Identify N	we be a lames and	ware of any change of name or drelevant dates.
Have you had prior	educational experience If yes, describe:	which relates to t	the job for whi	ch you are	e apply ing?

EMPLOYMENT EXPERIENCE

LIST ALL FORMER JOBS (most recent job first) Account for all time periods including unemployment, seif-employment and military service. (Attach separate sheet(s), if necessary).

Employer	Dates Employed		Immediate supervisor		
	From	То			
Address					
ob Title	Hourly Rate/Salary		Telephone No.		
	Starting	Final			
Work Performed	h				
Reason for Leaving					
Employer	Dates Employed		Immediate supervisor		
	From	То			
Address					
Job Title	Hourly Rate/Salary	,	Telephone No.		
	Starting	Final			
Work Performed					
Reason for Leaving					
A COLUMN TO THE SECOND					
Employer	Dates Employed		Immediate supervisor		
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<u> </u>	Dates Employed	·	<u> </u>		
Employer	Dates Employed	То	Immediate supervisor		
Employer Address	Prom Hourly Rate/Salar	То	<u> </u>		
Employer Address Job Title	Dates Employed From	То	Immediate supervisor		
Employer Address	Prom Hourly Rate/Salar	То	Immediate supervisor		
Employer Address Job Title Work Performed	Prom Hourly Rate/Salar	То	Immediate supervisor		
Employer Address Job Title	Prom Hourly Rate/Salar	То	Immediate supervisor		
Employer Address Job Title Work Performed Reason for Leaving	Dates Employed From Hourly Rate/Salar Starting	y Final	Telephone No.		
Employer Address Job Title Work Performed	Dates Employed From Hourly Rate/Salar Starting Dates Employed	To To Final	Immediate supervisor		
Employer Address Job Title Work Performed Reason for Leaving Employer	Dates Employed From Hourly Rate/Salar Starting	y Final	Telephone No.		
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Employer Address Job Title Work Performed Reason for Leaving Employer Address Job Title	Dates Employed From Hourly Rate/Salar Starting Dates Employed From Hourly Rate/Salar	To To To	Telephone No.		

Please list reason for any lapse of em	ployment.	
	pioyment.	
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Have you ever been dismissed or forc	eed to resign from an employment? \(\begin{aligned} \text{Yes} & \begin{aligned} \text{No} & \text{If yes, please ex} \end{aligned}	plain
May we contact your present employ	er? Yes No Previous employers? Yes No	
Please identify any exceptions and r	easons for not contacting present or prior employers.	
Do you have a valid driver's license	Yes No State Issued: License Number:	
Do you have a reliable means of tran		
Do you have a reliable means of tran Will you work overtime if asked? Would you work nights?	sportation?	No
Do you have a valid driver's license? Do you have a reliable means of tran. Will you work overtime if asked? Would you work nights? Yes Are there any hours, shifts or days ye	sportation?	No
Do you have a reliable means of tran Will you work overtime if asked? Would you work nights? Yes	sportation?	No
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Do you have a reliable means of tran Will you work overtime if asked? Would you work nights? Yes Are there any hours, shifts or days you Do you have any friends or relatives Name: Have you filed an application here be Have you ever been employed here REFERENCES	sportation?	

NOTICE TO APPLICANTS: This company complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and undergo a medical examination. All entering employees in the same job category will be subject to the same medical questionnaire and examination, and all information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give permission to contact schools, previous employers, references, and others in order to verify the facts and information furnished with regard to my character and qualifications, and hereby release and indemnify this company from any claims or liability as a result of such contact. I also hereby release employers, schools, and other persons from all liability in responding to inquiries in connection with this application. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanencies of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. and, of course, employees may elect to leave on their own accord to seek other jobs.

If I am offered and accept employment with this company, I understand that my employment is for no specific term and may be terminated by myself or the company with or without notice or cause at any time. I further understand that an oral promise, policy, custom, business practice or other procedure (including any employee handbook or any personnel manuals) does not constitute an employment contract or modification of the at-will employment relationship between myself and this company.

The contents of any employee handbook or pe	ontents of any employee handbook or personnel manuals are subject to change or modification, without notice.					
Signature:	Date:					
without regard to race, color, age, sex, religi	tunity employer. We adhere to a policy of making employment decisions ion, national origin, disability, sexual orientation, or marital status. We ent with us depends solely upon your qualifications.					

Fill out and Return.

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I,	FIRST NAME	MIDDLE NAME	(P	LEASE INCLUDE	Jr. Sr. II. III Ffc.)		
understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), Delta Equipment Enterprises Inc. will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to Delta Equipment Enterprises Inc. Delta Equipment Enterprises Inc. uses Sterling Infosystems, Inc., a consumer-reporting agency, as an agent to perform its Employment related background investigations.							
Sterling Infosystems, Inc. will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Delta Equipment Enterprises Inc., and Sterling Infosystems, Inc I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Delta Equipment Enterprises Inc. if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Delta Equipment Enterprises Inc I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: Sterling Infosystems, Inc., 5750 West Oaks Boulevard, Suite 100, Rocklin, CA 95765. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.							
CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148							
LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.							
Signed		Today's Date			-		
Name as it appears on your driver's license Position Applied For							
Social Security Nun	Social Security Number Date of Birth Driver's License Number State						
Other names you have used, or are also known as, including maiden name, name changes and any aliases:							
PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS Mo./Yr. / Mo./Yr							
Current Address:	reet Apt.#	City	State	Zip Code	From / To?		
	еес Арс.#	City	State	Zip Code	FIUIII / 10 f		
Former Address: St	reet Apt.#	City	State	Zip Code	From / To?		
Former Address:							
	reet Apt.#	City	State	Zip Code	From / To?		

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

 In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit
 for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or
 unverifiable information. Inaccurate, incomplete or unverifiable information must be
 removed or corrected, usually within 30 days. However, a consumer reporting agency may
 continue to report information it has verified as accurate.

- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about
 you only to people with a valid need -- usually to consider an application with a creditor,
 insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for
 access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both Identity and Employment Authorization

LIST B

Identity

Documents that Establish

LIST C

Documents that Establish Employment Authorization

	Authorization (OR	Identity	AND	Employment Authorization
1.	U.S. Passport or U.S. Passport Card	1.	Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as		Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize
2.	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		name, date of birth, gender, height, eye color, and address		employment in the United States
3.	3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as	2.	Certification of Birth Abroad issued by the Department of State (Form FS-545)
			name, date of birth, gender, height, eye color, and address	3.	issued by the Department of State
4.	Employment Authorization Document that contains a photograph (Form I-766)	3.	School ID card with a photograph		(Form DS-1350)
	,	4.	Voter's registration card	4.	Original or certified copy of birth certificate issued by a State,
5.	In the case of a nonimmigrant alien authorized to work for a specific	5.	U.S. Military card or draft record		county, municipal authority, or territory of the United States
	employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the	<u> </u>	Military dependent's ID card		bearing an official seal
	passport and containing an endorsement of the alien's	7.	U.S. Coast Guard Merchant Mariner Card	5.	Native American tribal document
	nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed	8.	Native American tribal document		
	employment is not in conflict with any restrictions or limitations identified on the form	9.	Driver's license issued by a Canadian government authority	6.	U.S. Citizen ID Card (Form I-197)
6.	Passport from the Federated States of		For persons under age 18 who are unable to present a document listed above:	7.	Identification Card for Use of Resident Citizen in the United States (Form I-179)
	Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating	10.	School record or report card	8.	Employment authorization document issued by the
	nonimmigrant admission under the Compact of Free Association	11.	Clinic, doctor, or hospital record		Department of Homeland Security
	Between the United States and the FSM or RMI	12.	Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)