

# DELTA

## SPORTS PRODUCTS, LLC

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Are you a U.S. citizen? Yes \_\_\_\_\_ If no, are you eligible to work in the U.S.? \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Have you ever been employed by DSP, or one of its affiliates? If yes, specify \_\_\_\_\_

Can you read, write, and speak English? \_\_\_\_\_

All employment offers are conditioned upon satisfactory proof of identity and legal ability to work in the United States in accordance with the Immigration Reform and Control Act of 1986.

Can you work overtime as needed? \_\_\_\_\_ Can you work weekends? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

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

(Conviction will not necessarily disqualify applicant from employment.)

Would be willing to work:

Shift:  First  Second  No preference

Position Type:  Full-Time  Part-Time  Temporary

How were you referred to our organization?

Name of referral source: \_\_\_\_\_

Relatives are not eligible for employment in a department where there is a relative in a supervisory position.

Are you related to anyone in our employ? \_\_\_\_\_ If yes, give name(s): \_\_\_\_\_

Are you 18 or older:    Yes         No                    Are you currently employed:    Yes         No

If yes, may we contact your present employer? \_\_\_\_\_

Salary requirement: \_\_\_\_\_ Date you can start work: \_\_\_\_\_

\*\*\*\*\*Do you have a valid driver's license? :    Yes         No

**EMPLOYMENT EXPERIENCE-(Please complete all fields as much as possible)**

Start with your present or last job. Include military service assignments and volunteer activities.

Employer Name:	Dates Employed From/To		Work Performed
Telephone #:			
Address			
Job Title	Hourly Rate/Salary From/To		
Supervisor			Reason for Leaving

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Address			
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Do you speak more than one language?  Yes  No

If yes, which languages do you speak? \_\_\_\_\_

**EDUCATIONAL RECORD (Please complete all fields)**

	High School	College/University	Graduate/ Professional/Technical
School Name And Location			
Years Completed: (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course Of Study or Major:			

Business or Professional Certification: \_\_\_\_\_

Type and State which issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

List professional, trade, business, or civic activities and offices held. (Exclude those which indicate race, color, religion, sex, national origin or age): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ AND SIGN LAST PAGE-**

Delta Sports Products, LLC  
30151 160<sup>th</sup> Street  
Dike, IA 50624  
319-989-9056

APPLICANT'S STATEMENT

I understand that prior to finalization of any offer of employment regarding all job positions; the company may condition the offer of employment on satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form, and to submit to a medical examination and/or drug and alcohol screen.

Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job offer extended to me will be withdrawn and if employed, I may be subject to immediate dismissal.

I authorize my employer to make any investigation allowed by law which my employer deems necessary for employment consideration and promotion within the organization.

I understand that this employment application and any offer of employment are not to be construed as a guarantee of employment for a specific time. I further understand that my employment with the organization does not constitute any form of contract, implied or expressed, and such employment will be terminable at will for any reason either by myself or my employer upon notice of one party to the other. This at will aspect of my employment cannot be changed, waived or modified except by an express provision in an individual written employment contract signed by me and the employer's President.

Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to my employer or its products, customers, employees, plans or procedures. I agree to deliver to my employer any and all copies of confidential information, or other Company property, upon termination of the employment relationship or at any time upon my employer's request. I also agree not to solicit employees of my employers with or during or for one year after employment to leave this employer and commence work with another Company.

I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supersede and replace any prior understandings or discussions I have had with my employer and set forth the complete agreement between me and my employer regarding these matters.

Signature \_\_\_\_\_ Date \_\_\_\_\_