



APPLICATION FOR EMPLOYMENT (page 1 of 3)

NAME:	DATE:
ADDRESS:	CITY/STATE/ZIP:
EMAIL:	PHONE NUMBER:

Section One (Personal/Position Related Information):

What position are you applying for? _____

When can you start? _____ Salary requirement: _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

(If offered employment, you will be required to provide documentation to verify authorization.)

Have you ever been convicted of a felony that has not been sealed or expunged? ☐ Yes ☐ No

If yes, please provide details: _____

What is your work preference? ☐ Full Time ☐ Part Time ☐ Temporary

Are you available to work overtime? ☐ Yes ☐ No

If applying for a position which would require you to drive a vehicle, provide your driver's license number and issuing state: _____

Section Two (Education):

Education/Type	Name & City	Coursework Taken	Did you Graduate?	Degree Received
High School			Yes / No	
College or University			Yes / No	
Graduate School			Yes / No	
Other			Yes / No	

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Section Three (Work History):

Please give your work history for the past 10 years. Note any gaps in employment. Begin with the most recent employer. Feel free to use additional paper if necessary.

Please list any other names under which you have been employed: _____

#1 - Company:	_____	Phone Number:	_____
Address:	_____	City/State/Zip:	_____
Position Held:	_____	Employment Dates:	_____
Supervisor's Name:	_____	May we Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hourly Rate/Salary:	_____		
Reason for Separation:	_____		

#2 - Company:	_____	Phone Number:	_____
Address:	_____	City/State/Zip:	_____
Position Held:	_____	Employment Dates:	_____
Supervisor's Name:	_____	May we Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hourly Rate/Salary:	_____		
Reason for Separation:	_____		

#3 - Company:	_____	Phone Number:	_____
Address:	_____	City/State/Zip:	_____
Position Held:	_____	Employment Dates:	_____
Supervisor's Name:	_____	May we Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hourly Rate/Salary:	_____		
Reason for Separation:	_____		

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Section Four (Additional Information):

Professional References (Give three references other than relatives or former supervisors):

Name	Address	Work Phone	Home Phone

Summarize any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying:

Section Five (Please Read Carefully Before Signing):

Delta Tau Delta Fraternity is an equal opportunity employer and does not hire, promote, terminate or make any other employment decisions based on race, color, religion, sex, national origin, ancestry, age, disability, genetic information, veteran status, or any other characteristic protected by law.

I understand that neither the completion of this application nor prior or subsequent oral or written communication is intended to create any contract or any obligation of employment. If I am hired, I understand that Delta Tau Delta Fraternity is an at will employer and as such has the right to terminate my employment at any time and for any reason. Should I become employed, I have the same right to terminate my employment at any time and for any reason.

I authorize Delta Tau Delta Fraternity, its representatives, employees, or agents to contact and obtain information from all references, employers, public agencies and educational institutions provided for employment reference checks and to otherwise verify the accuracy of all information provided by me. I hereby waive all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I agree to not record any interaction or materials within or regarding the company, its employees and/or other interaction to which I may or may not be a party prior to, during or following my employment. Should I be offered a job, I agree to comply with all policies of Delta Tau Delta Fraternity, including drug testing. Should there ever be litigation between myself, my parties and Delta Tau Delta Fraternity, I agree to utilize arbitration as a viable and binding alternative resolution.

I attest with my signature below that I have given true and complete information on this application. No requested information has been concealed. Should I be granted a personal interview, I agree that I will provide true and complete information. If any information I have provided is false, incomplete, has been misrepresented or concealed, I understand that this will constitute cause for the denial of employment or immediate termination regardless of the date of discovery.

Applicant Signature

Date

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.