

EMPLOYMENT APPLICATION

DME IS AN
EQUAL OPPORTUNITY
EMPLOYER



DME HOLDINGS, LLC

Headquarters:
2441 Bellevue Avenue,
Daytona Beach, Florida 32114

**OUR COMPANY POLICY EXCLUDES
SMOKERS FROM CONSIDERATION
FOR EMPLOYMENT.**

Start Date: _____

Dept: _____

Emp #: _____

PERSONAL INFORMATION

NAME (LAST)		(FIRST)	(MIDDLE)
HOME ADDRESS		CITY	STATE ZIP CODE
E-MAIL ADDRESS	HOME TELEPHONE ()	BUSINESS TELEPHONE ()	MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
CELL PHONE NUMBER ()	OTHER CONTACT NUMBERS		MINIMUM SALARY REQUIREMENTS
POSITION APPLYING FOR	DATE AVAILABLE	ARE YOU A NICOTINE USER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AT LEAST 18 YRS. OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DEGREE/ AREA OF STUDY	NUMBER OF YEARS ATTENDED	GRADUATED?
HIGH SCHOOL	NAME ADDRESS			<input type="checkbox"/> YES
	CITY STATE ZIP CODE			<input type="checkbox"/> NO
COLLEGE	NAME ADDRESS			<input type="checkbox"/> YES
	CITY STATE ZIP CODE			<input type="checkbox"/> NO
GRADUATE SCHOOL	NAME ADDRESS			<input type="checkbox"/> YES
	CITY STATE ZIP CODE			<input type="checkbox"/> NO
OTHER	NAME ADDRESS			<input type="checkbox"/> YES
	CITY STATE ZIP CODE			<input type="checkbox"/> NO

COMPUTER SKILLS

<input type="checkbox"/> Excel	<input type="checkbox"/> Word	<input type="checkbox"/> Power Point	<input type="checkbox"/> QuarkXpress	<input type="checkbox"/> Access	<input type="checkbox"/> Illustrator
<input type="checkbox"/> InDesign	<input type="checkbox"/> SQL	<input type="checkbox"/> Photoshop	<input type="checkbox"/> Dreamweaver	<input type="checkbox"/> C+	<input type="checkbox"/> Front Page <input type="checkbox"/> Flash

SPECIAL SKILLS (CERTIFICATIONS, FOREIGN LANGUAGES, ETC.)

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE(S)

EMPLOYMENT HISTORY – please list the most recent employer first

YOUR PRESENT OR MOST CURRENT EMPLOYER				TYPE OF BUSINESS	
SUPERVISOR NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER ()
POSITION TITLE	PAY		DATES EMPLOYED		
	START \$	END \$	FROM:	TO:	
DUTIES PERFORMED					
REASON(S) FOR LEAVING				IF CURRENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS EMPLOYER NAME				TYPE OF BUSINESS	
SUPERVISOR NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER ()
POSITION TITLE	PAY		DATES EMPLOYED		
	START \$	END \$	FROM:	TO:	
DUTIES PERFORMED					
REASON(S) FOR LEAVING					
PREVIOUS EMPLOYER NAME				TYPE OF BUSINESS	
SUPERVISOR NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER ()
POSITION TITLE	PAY		DATES EMPLOYED		
	START \$	END \$	FROM:	TO:	
DUTIES PERFORMED					
REASON(S) FOR LEAVING					
PREVIOUS EMPLOYER NAME				TYPE OF BUSINESS	
SUPERVISOR NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER ()
POSITION TITLE	PAY		DATES EMPLOYED		
	START \$	END \$	FROM:	TO:	
DUTIES PERFORMED					
REASON(S) FOR LEAVING					
PREVIOUS EMPLOYER NAME				TYPE OF BUSINESS	
SUPERVISOR NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER ()
POSITION TITLE	PAY		DATES EMPLOYED		
	START \$	END \$	FROM:	TO:	
DUTIES PERFORMED					
REASON(S) FOR LEAVING					

PROFESSIONAL REFERENCES – WITH WHOM WE MAY CHECK (OTHER THAN RELATIVES)

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER ()
NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER ()
NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER ()

PLEASE INDICATE AVAILABILITY TO WORK:

FULL-TIME

PART-TIME

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Could you work weekends? YES NO Could you work four 10 hour shifts? YES NO

HOW DID YOU HEAR ABOUT US?

Yahoo Hot Jobs Monster.com University/College Employee Referral

DICE.com Company Website Newspaper Other (specify) _____

If an Employee Referral, Name of Employee: _____

If University/College, Name of Institution: _____

WHAT DO YOU CONSIDER TO BE YOUR STRONGEST POINTS?

WHAT DO YOU CONSIDER TO BE YOUR WEAKEST POINTS?

WHAT TALENTS WOULD YOU BRING TO DME?

DRUG & NICOTINE-FREE WORKPLACE POLICY NOTICE TO APPLICANT

IT IS OUR POLICY THAT ALL EMPLOYEES ARE PROHIBITED FROM THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSATION, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE INCLUDING ALCOHOL IN THE WORKPLACE. IT IS ALSO COMPANY POLICY THAT NO PERSON WHO SMOKES OR USES TOBACCO PRODUCTS WILL BE OFFERED EMPLOYMENT. IN ADDITION TO OUR REGULAR DRUG-SCREENING PROCESS, ALL APPLICANTS FOR EMPLOYMENT AT DME WILL BE TESTED FOR THE PRESENCE OF NICOTINE. INDIVIDUALS TESTING POSITIVE WILL BE DENIED EMPLOYMENT.

DRUG AND ALCOHOL TESTING MAY OCCUR AFTER EVERY JOB RELATED ACCIDENT; BENEFITS WILL BE DENIED IF TESTS ARE POSITIVE. TESTING SHALL ALSO OCCUR IF THERE IS A REASONABLE SUSPICION OF ABUSE. THE FOLLOWING DRUGS WILL BE TESTED FOR UNDER OUR COMPANY POLICY: ALCOHOL, COCAINE, DEPRESSANTS, I.E. BARBITURATES, MARIJUANA, NARCOTICS, AND STIMULANTS. ANY EMPLOYEE VIOLATING THIS POLICY WILL BE SUBJECT TO IMMEDIATE DISCHARGE.

I UNDERSTAND THAT AS A CONDITION OF MY EMPLOYMENT I VOLUNTARILY SUBMIT TO PREEMPLOYMENT DRUG AND NICOTINE TESTING AND I AGREE TO FOLLOW, WITHOUT RESERVATION, THE DRUG AND NICOTINE FREE WORKPLACE POLICY.

Applicant Initial of acknowledgement _____

BACKGROUND

**HAVE YOU EVER BEEN EMPLOYED WITH A DME HOLDINGS COMPANY?
OR HAVE YOU EVER HAD AN OFFER OF EMPLOYMENT MADE TO YOU?**

YES

NO

IF YES, WHICH COMPANY? DME RME Telephony Dates _____

REASON FOR LEAVING? _____

IF A JOB OFFER IS EXTENDED, WOULD YOU BE ABLE TO PROVE YOUR ELIGIBILITY TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY OR NO CONTEST TO A FELONY?

(INCLUDE ANY AND ALL INSTANCES OF THE FOREGOING EVEN IF ADJUDICATION WAS WITHHELD. USE ADDITIONAL SHEETS IF NECESSARY)

IF YES, EXPLAIN YES NO

HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY OR NO CONTEST TO A MISDEMEANOR?

(INCLUDE ANY AND ALL INSTANCES OF THE FOREGOING EVEN IF ADJUDICATION WAS WITHHELD. USE ADDITIONAL SHEETS IF NECESSARY)

IF YES, EXPLAIN YES NO

PLEASE INDICATE WHETHER YOU ARE CURRENTLY RESTRICTED BY ANY EMPLOYMENT AGREEMENTS (NON-COMPETE, CONFIDENTIALITY)

YES NO

If yes, a copy of all agreements that have not expired must be submitted with this employment application.

(Only complete if you are applying for a position that requires driving)

DRIVER'S LICENSE # _____ STATE _____ REGULAR CDL CLASS _____

ENDORSEMENTS? _____

HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED OR REVOKED? IF YES, EXPLAIN YES NO

HAVE YOU HAD ANY MOTOR VEHICLE ACCIDENTS OR VIOLATIONS IN THE LAST SEVEN YEARS?

IF YES, EXPLAIN YES NO

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment, (including contract services), I authorize the investigation of all statements contained in this application, and that investigative background inquiries may be conducted including consumer, criminal, driving and other reports. These reports may include information as to my character, work habits, work performance and experience along with reasons for termination of past employment. Further, I understand that you may be requesting information from federal, state and other agencies which maintain records concerning my past activities related to my driving, criminal and other activities. I understand that, if employed, false statements, omissions or misleading statements on this application shall be considered sufficient cause for dismissal and I agree that my employer shall not be held liable in any respect if my employment is terminated because of such omissions or false or misleading statements.

I hereby authorize any party or agency contacted by DME Holdings LLC. to furnish the above mentioned information.

I HAVE THOROUGHLY READ AND UNDERSTAND ALL OF THE ABOVE DISCLOSURES AND AGREE TO ALL TERMS AND CONDITIONS OF EMPLOYMENT AS SET FORTH ABOVE. I FURTHER AGREE TO COMPLY WITH ALL COMPANY POLICIES THAT MAY BE IMPLEMENTED AT A FUTURE DATE.

Signature of Applicant

Date