

EMPLOYMENT APPLICATION



A JM Family Enterprises, Inc. | DME Holdings LLC Company

2441 Bellevue Avenue
Daytona Beach, Florida 32114

8505 Baycenter Road
Jacksonville, FL

DMEautomotive is an
Equal Opportunity Employer

PERSONAL INFORMATION

NAME (LAST)		(FIRST)	(MIDDLE)
HOME ADDRESS		CITY	STATE ZIP CODE
EMAIL 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 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

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

COMPUTER SKILLS

- EXCEL WORD POWER POINT QUARK XPRESS ACCESS ADOBE ACROBAT ACCESS
 INDESIGN SQL ILLUSTRATOR PHOTOSHOP DREAMWEAVER C+
 HTML FLASH JAVA SCRIPT PHP FRONT PAGE

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 YES 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:

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REASON(S) FOR LEAVING

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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:

NAME	RELATIONSHIP	EMAIL ADDRESS	PHONE NUMBER ()
NAME	RELATIONSHIP	EMAIL ADDRESS	PHONE NUMBER ()
NAME	RELATIONSHIP	EMAIL 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 THE EMPLOYEE:

IF UNIVERSITY/COLLEGE, NAME THE INSTITUTION:

WHAT DO YOU CONSIDER TO BE YOUR STRONGEST POINTS?

WRITE IN THE SPACE BELOW

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 DMEAUTOMOTIVE 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, DEPRESSANT, 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? YES NO

OR HAVE YOU EVER HAD AN OFFER OF EMPLOYMENT MADE TO YOU? YES NO

IF YES, WHICH COMPANY? DMEHOLDINGS DMEAUTOMOTIVE RME CALL CENTER

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.

DRIVING INFORMATION (ONLY COMPLETE IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES DRIVING)

DRIVER'S LICENSE # STATE REGULAR CDL CLASS

ENDORSEMENTS?

HAS YOUR DRIVERS LICENSE BEEN SUSPENDED OR REVOKED? YES NO IF YES, EXPLAIN

HAVE YOU HAD ANY MOTOR VEHICLE ACCIDENTS OR VIOLATIONS IN THE LAST SEVEN YEARS? YES NO IF YES, EXPLAIN

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 INQUIRES 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 PART OR AGENCY CONTACTED BY DMEAUTOMOTIVE 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 FURTHER DATE.

SIGNATURE OF APPLICANT

DATE