



APPLICATION FOR EMPLOYMENT

Position Sought: _____

How did you learn about the position? _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address: _____

On what date would you be available for work? _____

Desired Wage/Salary \$ _____

Are you authorized to work in the U.S. Yes No

Have you ever been convicted of a felony? Yes No If so, please indicate the crime, date of conviction, Nature of circumstances, state in which offense occurred, and sentence (if any): _____

NOTE: Please do not answer YES or provide any information about convictions that have been erased, expunged, sealed, pardoned, set aside, vacated, annulled or otherwise eradicated by a court. A "Yes" response will not necessarily disqualify an applicant from employment. Failure to answer this question accurately could cause denial of employment or termination of employment.

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No
If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

EDUCATION				
School Name	Location (City, State)	Years Attended	Degree Received	Major

Other training, certifications, skills, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT (use additional sheets if necessary)

(Most Recent First.)

1. Employer _____

Job Title _____

Dates Employed FROM: ____ / ____ / ____ TO: ____ / ____ / ____

Prior Position Held within Company (if any): _____

Address _____ City _____ State _____ Zip _____

Phone _____

Job Title _____ Supervisor _____

Starting Salary _____

Ending Salary _____

Duties _____

Performed: _____

Reason for _____

Leaving: _____

2. Employer _____
Job Title _____
Dates Employed FROM: ____ / ____ / ____ TO: ____ / ____ / ____
Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____
Job Title _____ Supervisor _____
Starting Salary _____
Ending Salary _____
Duties
Performed: _____
Reason for
Leaving: _____

3. Employer _____
Job Title _____
Dates Employed FROM: ____ / ____ / ____ TO: ____ / ____ / ____
Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____
Job Title _____ Supervisor _____
Starting Salary _____
Ending Salary _____
Duties Performed: _____
Reason for
Leaving: _____

4. Employer _____
Job Title _____
Dates Employed FROM: ____ / ____ / ____ TO: ____ / ____ / ____
Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____
Job Title _____ Supervisor _____
Starting Salary _____
Ending Salary _____
Duties
Performed: _____
Reason for
Leaving: _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



155 Del Conca Way
Loudon, TN 37774

I hereby consent to submit to urinalysis and/or other tests as shall be determined by **Del Conca USA, Inc.** in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that: **Lakeway Urgent Care**, located **460 Medical Park Dr., Suite # 103, Lenoir City, TN 37772**, **Physicians and/or agents** may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by **Lakeway Urgent Care** for analysis.

I further agree to and hereby authorize the release of the results of said tests to **Del Conca USA, Inc.**

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at **Del Conca USA, Inc.**

I further agree to hold harmless **Del Conca USA, Inc.** and its agents (including the above named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

Witness Printed Name: _____

Witness Signature: _____ Date: _____

Equal Employment Opportunity Statement

Del Conca USA, Inc. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. Del Conca USA, Inc. complies with applicable state and local laws governing non-discrimination in employment in every location in which the Company has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

Del Conca USA, Inc. expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Del Conca USA, Inc. employees to perform their expected job duties is absolutely not tolerated. Employees who violate this policy will be subject to disciplinary action, up to and including termination.

Discrimination and Sexual Harassment Policy Statement

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: (1) Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when submission to such conduct is made, whether explicitly or implicitly, a term or condition of an individual's employment; (2) Submission to such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

If you are offered a position with the Company, you will be given a drug test as a condition of employment. Your refusal to timely submit to a drug test or your failure to pass such test means you will not be employed by this Company. Neither the collector of specimens nor the medical professional who reviews the test results will be a Company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

Testing Authorization

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Investigation Authorization

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, employment verification, educational verification, criminal background, references and other background checks. As a condition of applying for this job, I authorize reasonable post-hire investigations into my credit, driving, and criminal background. Furthermore, as applicant, by accepting employment, thereby authorizes the Company to search any locker assigned to the applicant's person, clothing, possessions and car or truck, while on Company property, when deemed necessary by the Company for security or safety reasons.

Company Obligation

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the Company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

APPLICANT'S STATEMENT

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY. MY ANSWERS HAVE BEEN TRUE AND ACCURATE PURSUANT TO THE PENALTY OF PERJURY UNDER THE LAWS OF THIS STATE

Applicant Signature

Date

Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

Name: _____

Job Title: _____

GENDER:

(Please check one of the options below)

Male

Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races.

Date completed: _____

PLEASE RETURN FORM TO HUMAN RESOURCES DEPARTMENT.

Thank you for your participation.

