Name _____ Date _____

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, sex (including gender identity and sexual orientation), religion, age, national origin, genetic information, citizenship status, pregnancy and related medical conditions, physical or mental disability, or past, present, or future service in the Uniformed Services of the United States, marital status, or any other basis prohibited by local, state, or federal law. The use of this form does not mean there are positions open and does not obligate us in any way.

An Equal Opportunity Employer

PERSONAL INFORMATION

Name (Print)_____ Home or Nearest Phone _____

Present Address _____ Social Security No. _____

_____ Email _____

(City) (State) (Zip)

Contact in Case of Emergency _____ _____

(Name) (Telephone Number)

If at present address less than one year, please give previous address_____

Are you at least 18 years of age? ❑ Yes ❑ No (Employment is subject to verification of minimum legal age.)

Can you produce documented proof of your identity and eligibility for employment in the United States? ❑ Yes ❑ No
(Examples: driver's license, Social Security card, birth certificate, and / or immigration documents)

Position(s) applied for_____ How soon could you report to work?_____

Type of employment desired ❑ Full-Time ❑ Part-Time ❑ Temporary Rate of pay expected_____

What days and hours, if part-time? Days_____ Hours _____

From ( ) AM to ( ) PM

EDUCATION

Type of School	Name and Address of School	Courses Majored In	Check Last Year Completed	Graduate? Show Degree
Elementary/Middle			5 6 7 8	
High School			9 10 11 12	
College			1 2 3 4	
Post Graduate				

Have you applied for a job with us before? ❑ Yes ❑ No Have you ever worked for us before? ❑ Yes ❑ No

How did you come to apply? ❑ Employee Referral ❑ Former Employee ❑ Newspaper Ad ❑ High School Recruitment ❑ College Recruitment ❑ Walk-In ❑ Other_____

Have you ever been bonded? ❑ Yes ❑ No Have you ever been refused a bond ❑ Yes ❑ No

If yes, state reason and date_____

Have you ever been convicted of a violation of the law**? (Do not disclose convictions that have been sealed)** ❑ Yes ❑ No If yes, state date, court, and place

where offense occurred _____

(A conviction will not necessarily disqualify you from employment)

Have you ever been discharged or requested to resign from a position? ❑ Yes ❑ No

Are you employed now? ❑ Yes ❑ No If yes, may we contact your present employer? ❑ Yes ❑ No

Have you ever held a position of trust (handling money or confidential material)? ❑ Yes ❑ No

If yes, describe_____

Do you have any reason to believe that you would have difficulty meeting this company's work schedules? ❑ Yes ❑ No

Are you able to perform the essential functions of the position applied for, with or without reasonable accommodations? ❑ Yes ❑ No

Form EEO-4VA
Revised 7/2026

SESCO management consultants
P. O. Box 1848 - Bristol, TN. 37621
(423) 764-4127 Fax (423) 764-5869
www.sescomgt.com

PRIOR WORK RECORD (Start with most recent or present employer and complete in full.)

1. Name and Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	
Job Title & Duties	Date Left	
Reason for Leaving	May we contact this employer?	❑ Yes ❑ No
2. Name and Address of Former Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	
Job Title & Duties	Date Left	
Reason for Leaving	May we contact this employer?	❑ Yes ❑ No
3. Name and Address of Former Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	
Job Title & Duties	Date Left	
Reason for Leaving	May we contact this employer?	❑ Yes ❑ No

Please provide any additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be helpful to us in considering your application._____

_____

_____

REFERENCES
(Do not list relatives or former employers)

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Job Applicant's Agreement and Certification

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right."

"If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures."

"I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time."

"I understand that this application will be kept on active file for 60 days from the date completed, after which time I would have to reapply in accordance with established company procedures."

_____

(Signature of Applicant) (Date)

DISCLOSURE OF BACKGROUND CHECK TO BE CONDUCTED ON YOU

In connection with your application and/or employment with The United Company and/or one of its subsidiaries, this notice is provided to inform you that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, may be obtained from a consumer reporting agency for employment purposes. These types of reports may include information as to your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report(s) may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, verification of your education or employment history and other background checks. They may involve interviews with sources such as your neighbors, friends or associates.

ACKNOWLEDGMENT AND AUTHORIZATION OF BACKGROUND CHECK

By signing below, I authorize The United Company and/or one of its subsidiaries to obtain "consumer reports" and/or "investigative consumer reports" about me during the course of the application process and during the course of my employment, to the extent permitted by law. I acknowledge that I have the right, upon written request made within a reasonable amount time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report by contacting DISA Global Solutions, 11740 Katy Freeway, Suite 900, Houston, TX 77079, 877-992-4325, www.disa.com.

Signature:_____ Date: _____

Name: _____
(Please print)

Personal Information Necessary to Facilitate Background Check

Please provide the following information in order to facilitate a background check on you (Please print legibly).

Name: _____
First Name Middle Name (Required; if none, please write" N/A") Last Name

Please provide any previous names/maiden names or nicknames that have ever been associated with your name:

_____

SSN_____-_____- _____

Current Home
Address:_____
Street Address (No P.O. Boxes) City State Zip County

Previous
Address:_____
Street Address (No P.O. Boxes) City State Zip County

How long have you lived at current address?_____Telephone No. _____

**Date of Birth:_____/_____/_____Driver's License Number:_____State: _____

Email Address: _____

***** DISA Global Solutions will only use this information for background screening purposes and no other purpose.***

PRE-EMPLOYMENT
URINE DRUG SCREEN
CONSENT FORM
FOR
THE OLDE FARM

I HEREBY AGREE TO SUBMIT TO A PRE-EMPLOYMENT URINE DRUG SCREEN CONDUCTED UNDER GUIDELINES ESTABLISHED BY THE NATIONAL INSTITUTE ON DRUG ABUSE (NIDA).

I UNDERSTAND THAT IF MY TEST IS POSITIVE FOR CONTROLLED SUBSTANCES, I WILL BE IMMEDIATELY DISQUALIFIED FOR CONSIDERATION FOR EMPLOYMENT WITH THIS COMPANY.

I FURTHER UNDERSTAND THAT A MEDICAL REVIEW OFFICER (MRO) WILL EVALUATE THE RESULTS OF MY TEST. THIS INFORMATION WILL BE RELEASED TO MY EMPLOYER OR PROSPECTIVE EMPLOYER, BUT NOT TO ANY OTHER THIRD PARTY WITHOUT MY PRIOR WRITTEN CONSENT.

I FURTHER UNDERSTAND THAT MY EMPLOYER OR PROSPECTIVE EMPLOYER MAY RELEASE THIS INFORMATION AS REQUIRED OR PERMITTED BY LAW.

DATE **PRINT NAME** **SS#**

SIGNATURE **WITNESS SIGNATURE**

APPLICANT MUST REPORT FOR SCREENING ON: _____

LabCorp

NON-FEDERAL WEB COC

COLLECTION AUTHORIZATION FORM

DONOR NAME: _____

Collection Authorization Expiration Date/Time: _____

DONOR INSTRUCTIONS:

Please take this form with you to the collection site and present it to the staff upon arrival. Also ensure you take a valid photo ID with you to the collection.

COLLECTOR INSTRUCTIONS: *required fields

Use the following information to create a donor registration in LabCorp Corporate Solutions Web COC and complete the applicable specimen collection.

***LabCorp Account #:** 903652 **Location Code (if required):** _____

Account Name: The United Company

Account Contact: JULIE K SMITH

Account Phone Number: 276-645-1419

***Test(s) To Be Performed: (Profiles)**

- [x] 10-6STA3-200
- [ ] _____
- [ ] _____
- [ ] _____

***Reason For Test: (select one)**

☐ Conditional Reinstate	☐ Other	☐ Random
☐ Fitness for Duty	☐ Periodic Medical	☐ Reasonable Suspicion/Cause
☐ Follow-up	☐ Post Accident	☐ _____
☐ Not Indicated	☐ Pre Employment	

Collection Site Location (optional):

Collection site name: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Collector Questions: Contact LabCorp Customer Operations at 800-833-3984.