



Employment Application

GENERAL INFORMATION

(Please Print Clearly)

Today's Date _____

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Cell Phone (_____) _____ Home Phone (_____) _____ Other _____

Date of Birth _____ Place of Birth _____

E-mail Address: _____

Position applying for: _____ Location: _____

Check the following options you would consider: Contract Work ___ Full time ___ Part Time ___ Temporary ___

If part time, specify hours or days: _____

Desired Salary? _____ Date available to start work? _____

If hired, can you provide proof of your eligibility to work in this Country? Y/N ___ Are you over 18? Y/N ___

Have you ever been granted a security clearance? Y/N ___ Clearance level _____

Granting agency _____ Date granted _____ Date expired _____

Have you ever had a security clearance refused or revoked? Y/N ___

If yes, please indicate when and the reason. _____

If a security clearance is need do you have any objections to a complete background investigation? Y/N ___

If yes, please explain: _____

Have you ever been convicted of, plead guilty to or received probation for a crime? Y/N ___

If yes, please explain _____

Have you ever been employed by Omni2Max, Inc.? ___ Yes ___ No

If yes, list dates _____

List any relatives working for Omni2Max, Inc. _____



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If currently working on a government contract as an incumbent employee, list the government location:

Position and length of the contract? _____

Can you perform the essential functions of the job? ____ Yes ____ No

Do you require any accommodation to perform the essential functions of the job? ____ Yes ____ No

If yes, explain the accommodation you will need _____

EMPLOYMENT HISTORY (Please list your 3 most recent employers)

Employer	Type of Business		
Address	City	State	Zip Code
Dates of Employment (from-to)		Title	
Reason for leaving		Salary	
Name and title of supervisor	May we contact	()	Telephone Number

Employer	Type of Business		
Address	City	State	Zip Code
Dates of Employment (from-to)		Title	



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Reason for leaving _____ Salary _____

Name and title of supervisor _____ May we contact _____ Telephone Number (____) _____

Employer _____ Type of Business _____

Address _____ City _____ State _____ Zip Code _____

Dates of Employment (from-to) _____ Title _____

Reason for leaving _____ Salary _____

Name and title of supervisor _____ May we contact _____ Telephone Number (____) _____

BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME	OCCUPATION/ASSOCIATION	PHONE
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____

Person to be notified in case of emergency:

Name _____ Telephone (____) _____
Address _____ City _____ State _____
Relationship _____



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Education

	School Name	City and State	Degree/Major Course Of Study	Degree Received
High School				Yes ___ No ___
College				Yes ___ No ___
Graduate School				Yes ___ No ___
Trade School				Yes ___ No ___

List any other education, training, special skills or certificates/licenses that you possess related to the job:

List any machines, equipment, or software programs on which you are qualified and experienced in operating:

AGREEMENT (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to be the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Omni2Max, Inc. any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Omni2Max, Inc. from liability for any damage that may result from furnishing same to Omni2Max, Inc.

I understand that Omni2Max, Inc. will provide workers' compensation insurance coverage for Omni2Max, Inc. employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Omni2Max, Inc. workers' compensation insurance policy.

If employed by Omni2Max, Inc., I agree to abide by the policies and procedures of Omni2Max, Inc. which includes Omni2Max, Inc. Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Omni2Max, Inc. or myself. I further understand that no manager or representative of Omni2Max, Inc. other than the president of Omni2Max, Inc. has any authority to enter into any



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agreement, oral or written, on behalf of Omni2Max, Inc. for a term of employment or to make any assurance or promise of continued employment.

I understand and agree that I may be required to take a drug and alcohol-screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Omni2Max, Inc.; for their use. I understand that any positive drug or alcohol result may preclude my employment.

Signature _____ Date _____

Military/Government Conflict of Interest Questionnaire (for civilian personnel)

To ensure a compliance with the National Defense Authorization Act of 1987, all applicants and new employees must complete this addendum when applying for employment with Omni2Max Inc. You are required to complete this questionnaire if you were employed by the Department of Defense (DOD) in any capacity whatsoever or if you are currently participating in any military reserve program or if you were employed by any other agency of the U.S. Government in the past two years.

Section 1

During the past two years, did you serve as a member of the armed forces at the rank of O-4 (Major or Lieutenant Commander) or above or as a civilian employee of a Government agency at a GS-13 level or above?

Yes ___ No ___

If yes, please answer all questions in the following sections, indicating the appropriate response. If no, please sign below and date.

Section 2

Have you advised your supervisor of your planned separation from the military or Government? Yes ___ No ___

Have you discussed your planned separation with your legal and/or ethics representative? Yes ___ No ___

In what DOD/Government agency were you employed or did you serve on active duty during the last two years?

When did you officially leave (or do you plan to leave) DOD/Government service? _____

What was your job title(s) during the last two years of your DOD/Government service? _____



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Section 3

Did you spend majority of your working days during your last two years performing a procurement function relating to a DOD contract? Yes ___ No ___

Was the work at a Government site operated by another Government contractor? Yes ___ No ___

If yes, was the above site the principal location at which you performed that procurement function? Yes ___ No ___

Section 4

Did you spend the majority of your working days during the last two years of DOD service performing a procurement function for a major defense system, as defined in DOD Directive 5500.7, "Standards of Conduct"? Yes ___ No ___

On any occasion did you participate personally and substantially in decision making with respect to a contract awarded to Omni2Max, Inc. for that system and, as part of that process, have contact with Omni2Max, Inc.? Yes ___ No ___

Section 5

During the 1st two years were you a member of the armed forces at the rank of O-7 (Brigadier General or Rear Admiral Lower Half) or above or a member of the Senior Executive Service or above? Yes ___ No ___

If yes, did you act as a primary representative of the United States in negotiating a contract in an amount in excess of \$10 million with Omni2Max, Inc.? Yes ___ No ___

Section 6

Do you have any reason to believe that your employment with Omni2Max, Inc. would place either you or the Company in violation of any statute or regulation regarding improper business practices or conflicts of interest? Yes ___ No ___

If "yes" explain on a separate sheet.

Name _____

Date _____

Signature _____



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Voluntary Affirmative Action Questionnaire

Confidential information maintained by Omni2Max, Inc. (for EEO/AA purposes only)

Submitting this information is voluntary however the information we collect is essential to our compliance with Omni2Max, Inc's affirmative action program as prescribed by Titles VII and IX of the Civil Rights Act, the Rehabilitation Act, and the Vietnam-era Veterans Readjustment Act. It is the policy of Omni2Max not to discriminate on the basis of race, color, sex, national origin, religion, marital status, or any other protected class as defined by federal, state and local laws. As required by but limited by the following: Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Acts of 1967 and 1975, Americans With Disabilities Act of 1990.

Title of job applied for _____
State where application will be turned in: _____
Your name: _____
Your address: _____ City _____ State _____ Zip _____
Your phone number (_____) _____ Today's date _____
Your date of birth: _____ Place of Birth _____
Gender: Male _____ Female _____

RACE (check one)

- American Indian or Alaskan native
- White - origins in Europe, North Africa, or Middle East
- Black - origins in any of the Black African racial groups not of Hispanic origin
- Hispanic - Mexican, Puerto Rican, Cuban, Central or S. American or other Spanish Culture
- Asian and Pacific Islander - origins in Far East, S.E. Asia, the Indian Subcontinent, or the Pacific Islands
- Two or more races

VETERAN/U.S. MILITARY STATUS (check one)

- Non-Veteran
- Pre-Vietnam Veteran
- Pre-Vietnam Veteran with service incurred disability
- Vietnam Era Veteran (8/5/64 - 5/7/75)
- Vietnam Era Veteran with service incurred disability
- Post-Vietnam Era Veteran
- Post -Vietnam Era Veteran with service incurred disability

REFERRAL SOURCE (check one)

- On-line Job Board (if so please indicate which one) _____
- State Workforce Job Board
- Employment Agency
- Current Employee (if so please indicate name of employee) _____
- Other (please specify) _____

In the event, you are hired, information on this form will not be kept in your personnel file. In compliance with all Federal, State and local equal employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.