



# 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: 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 employed by Omni2Max, Inc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list dates \_\_\_\_\_

List any relatives working for Omni2Max, Inc. \_\_\_\_\_

Can you perform the essential functions of the job? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you require any special accommodations to perform the essential functions of the job? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain the accommodation(s) you will need \_\_\_\_\_

### Person to be notified in case of emergency:

Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_



# Employment Application

## SECURITY CLEARANCE

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 needed, 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 \_\_\_\_\_

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



# Employment Application

\_\_\_\_\_  
Employer Type of Business

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Dates of Employment (from-to) Title

\_\_\_\_\_  
Reason for leaving

\_\_\_\_\_  
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

\_\_\_\_\_  
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. _____	_____	(_____) _____



## Employment Application

### Education

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

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

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

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### **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



## Employment Application

representative of Omni2Max, Inc. other than the president of Omni2Max, Inc. has any authority to enter into any 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 or as a civilian employee of a Government agency? Yes \_\_\_ No \_\_\_

#### **Section 2**

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," please explain.

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



# Employment Application

## 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 all that apply)

- American Indian or Alaskan native
- Caucasian
- African American
- Hispanic
- Asian or Pacific Islander
- Two or more races

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

- Non-Veteran
- Veteran

### REFERRAL SOURCE (check one)

- On-line Job Board (Please indicate which one) \_\_\_\_\_
- Employment Agency (Please indicate which one) \_\_\_\_\_
- Current Employee (Please indicate name of employee) \_\_\_\_\_
- Other (Please specify) \_\_\_\_\_

*In the event that 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.*