



Indicate Position Applied For: _____ Salary requirement: _____

Omega Communications, Inc. - APPLICATION FOR EMPLOYMENT

DATE: _____ DATE AVAILABLE FOR WORK: _____

1. NAME (Last, First, Middle) _____				
2. ADDRESS: (Number, Street, City, Zip Code) _____				
3. TELEPHONE : HOME: _____		BUSINESS: _____		4. SOCIAL SECURITY NUMBER: _____
5. ARE YOU 18 YEARS OF AGE OR OLDER? YES NO IF NOT BIRTHDATE: _____				
6. HAVE YOU EVER BEEN EMPLOYED BY Omega Communications, Inc. BEFORE? YES NO If yes, give date employed and Position Title/Department: _____				
7. VETERAN DATA (Answer each question. If question does not apply, answer "NO".) Have you ever served in the armed forces? Yes No A. Branch of Service: _____ B. Active Duty from: _____ to _____ C. Rank Upon Discharge: _____				
8. EMPLOYMENT OF RELATIVES: Are you related by blood or marriage to any person now working for Omega Communications, Inc.? YES NO If yes, give name, relationship to you and the department where employed: _____				
9. If offered employment by Omega Communications, Inc would you be willing to sign a 'Non-Compete' and a 'Non-Disclosure' form? Yes or No (Choosing 'no' doesn't disqualify you from gaining employment with Omega Communications, Inc.)				
10. EDUCATION: Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4				
Name(s) & Location(s)		Major		Graduated Y or N
High School: _____				
College: _____				
Grad School: _____				
Trade/Technical School: _____				
11. SPECIAL TRAINING PROGRAMS AND SEMINARS COMPLETED (LIST): _____				
12. REFERENCES : List 3 persons who are familiar with your qualifications for employment; Name, address & telephone number				
NAME		ADDRESS		TELEPHONE
1) _____		_____		_____
2) _____		_____		_____
3) _____		_____		_____
13. Current professional status: (List fields of work for which you have been registered) _____				
14. Licenses and certifications : (List, giving dates and sources of issuance: _____				
15. Membership in professional, honorary, or technical societies (List): _____				
SKILLS 16. CIRCLE AND COMPLETE the following skills, experiences, etc. which you have				
Driver's license Y/N	number	state	Dictaphone	Shorthand/speedwriting (specify WPM)
Chauffeur's license Y/ N	number	State	Adding machine/calculator	Word processing skills
Car for use at work			Typing (specify WPM) _____	Other _____
17. Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying) YES NO (If yes, explain fully on an additional sheet)				
18. WORK HISTORY (Include volunteer experience) Use additional sheets if necessary				
Current or Last Employer			Address	
Job Title			Supervisor Name	
Date Employed (mo/yr)			Start Salary \$	Ending Salary \$
			Reason for Leaving	No. Supervised by You
Date Separated (mo/yr)			May We Contact Employer? YES NO	
Duties: _____				
Full Time	Years	Mons		
Part Time	Years	Mons		
Phone _____				
Employer			Address	
Job Title			Supervisor Name	
Date Employed (mo/yr)			Start Salary \$	Ending Salary \$
			Reason for Leaving	No. Supervised by You
Date Separated (mo/yr)			May We Contact Employer? YES NO	



Date Separated (mo/yr)			Duties:			
Full Time			Years	Mons		
Part Time			Years	Mons		
Phone						
Employer			Address			
Employer			Address			
Job Title			Supervisor Name			No. Supervised by You
Date Employed (mo/yr)	Start Salary \$	Ending Salary \$	Reason for Leaving		May We Contact employer? YES NO	
Date Separated (mo/yr)			Duties:			
Full Time			Years	Mons		
Part Time			Years	Mons		
Phone						
Employer			Address			
Job Title			Supervisor Name			No. Supervised by You
Date Employed (mo/yr)	Start Salary \$	Ending Salary \$	Reason for Leaving		May We Contact Employer? YES NO	
Date Separated (mo/yr)			Duties:			
Full Time			Years	Mons		
Part Time			Years	Mons		
Phone						
Employer			Address			
Job Title			Supervisor Name			No. Supervised by You
Date Employed (mo/yr)	Start Salary \$	Ending Salary \$	Reason for Leaving		May We Contact Employer? YES NO	
Date Separated (mo/yr)			Duties:			
Full Time			Years	Mons		
Part Time			Years	Mons		
Phone						
Employer			Address			
Job Title			Supervisor Name			No. Supervised by You
Date Employed (mo/yr)	Start Salary \$	Ending Salary \$	Reason for Leaving		May We Contact Employer? YES NO	
Date Separated (mo/yr)			Duties:			
Full Time			Years	Mons		
Part Time			Years	Mons		
Phone						

I certify that all of the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in this application and release to Omega Communications, Inc. hiring officials. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

Signature of Applicant (unsigned applications will not be processed)

Date

NOTE: (IF YOU FORGET TO COMPLETE SOME PART OF THIS APPLICATION OR DO NOT INCLUDE REQUESTED INFORMATION, YOUR APPLICATION MAY NOT BE CONSIDERED.) BEFORE SUBMITTING THIS APPLICATION PLEASE CHECK TO SEE THAT YOU HAVE:

1. LISTED YOUR SOCIAL SECURITY NUMBER CORRECTLY
2. LISTED YOUR ZIP CODE CORRECTLY
3. COMPLETED THE SECTION FOR EQUAL OPPORTUNITY INFORMATION
4. GIVEN COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY
5. SIGNED AND DATED YOUR APPLICATION



Omega Communications, Inc.
AUTHORIZATION FOR RELEASE
OF PERSONAL AND CONFIDENTIAL INFORMATION

I, _____ (print), do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized Omega Communications, Inc. Personnel Department, whether the said records are of a public, private, or confidential nature.

The intent to this authorization is to give my consent for full and complete disclosure of the records pertaining to my education, previous employment records, and criminal record background check.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization, will be considered in determining my suitability for employment by Omega Communications, Inc. I waive any rights to confidentiality for information relating to my background, including criminal history information, education, and previous employment records, as it relates to determining my suitability for employment. I also certify that any persons who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the disclosure of an offense against the law, excluding a minor traffic violation, will not result in an automatic disqualification from employment. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.

A photocopy of this release form will be valid as an original; therefore, even though the said photocopy does not contain an original writing of my signature.

Full Signature (including maiden name) Date

Address:		
City:	State:	Zip Code:
Telephone Number:		
Date of Birth:		
Social Security Number:		
Driver's License Number:	State:	

Omega Communications, Inc.
DRUG SCREENING THROUGH URINALYSIS
APPLICANT CONSENT FORM

I, _____ (print), understand that as part of the pre-employment process the Personnel Department may conduct a comprehensive background investigation for the purpose of determining my suitability to fill the position for which I have applied. I further understand that I may be required to submit to a drug screening test prior to the offer of employment. This is all in accordance with the policy of Omega Communications, Inc. to maintain a workforce that is free of illegal drug and alcohol abuse. In accordance with this policy I consent to have an appropriate specimen collected and tested by a qualified agency selected by Omega Communications, Inc. for any and all controlled substances.

I do hereby voluntarily consent to the sampling and submission for testing of my urine for the purpose of screening for the presence of illegal drugs and/or an abusive level of prescribed medication. I understand that a negative result from this screening is a condition of employment.

I also understand that producing a positively confirmed test result for the presence of illegal drugs and/or an abusive level of prescribed medication can result in the rejection of my application for employment. I understand that a confirmed positive test result indicating the presence of illegal drugs and/or an abusive level of prescribed medication can bar me from securing employment with the Omega Communications, Inc. for at least one year.

Name of Applicant (print) SSN # Signature of Applicant Date