



# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer.

## GENERAL INFORMATION

Name (Last)		(First)	(Middle Initial)	Contact Number ( ) -
Address (Mailing Address)		(City)	(State)	(Zip)
E-Mail Address		Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth / /
Drivers License #:			State of Issue:	

## POSITION

Position Or Type Of Employment Desired <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		Date Available to Start					
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Reasonable accommodation will be provided as required by law. <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any special requests or needs for a work schedule? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:					
Salary Desired							
<b>- Availability for Work -</b>							
(hours)	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>From:</b>							
<b>To:</b>							

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed						
<b>College, Trade, or Business School, Military (Most recent first)</b>						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Languages Read, Written or Spoken Fluently Other Than English						

## CRIMINAL HISTORY

Have you been convicted of a crime, including a drug or alcohol related offence, in the past 10 years (other than minor traffic violations)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:
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**SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)**

(Maximum 1000 characters)

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
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		Last Salary
		Supervisor
		Reason For Leaving

**REFERENCES (Professional References ONLY, no family members/friends)**

Name	Relationship / Years Known	Contact Number

**ATTESTATION OF ACCURACY AND AUTHORIZATION FOR BACKGROUND CHECK**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize **Omega Research Group** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish **Omega Research Group** or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY:**

<input type="checkbox"/> Background Check: Result _____ <input type="checkbox"/> Previous Employer Check: Result _____ <input type="checkbox"/> Reference Check: Result _____ <input type="checkbox"/> Professional License Verification: Result _____	<input type="checkbox"/> Urine Drug Screen: Result _____ Comments: _____ Acquisition Date: _____ Start Date: _____
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