



Omega Use Only

52 E. UNION BLVD, SUITE I, BETHLEHEM, PA 18018 ~ 610-262-7621 ~ WWW.OMEGA.PRO

EMPLOYMENT APPLICATION

Candidate Information

Full Name: _____ DOB: _____
Last First Middle

Address: _____
City State ZIP

Cell Phone: _____ Email _____

Driver's License #: _____ State & Exp. Date: _____ SSN: _____

Position Applied for: _____

Are you authorized to work in the U.S.? YES NO Have you ever applied for employment with Omega? If yes, when? _____ YES NO

Have you ever been convicted of a crime? If yes, explain: _____ YES NO Have you ever worked for Omega? If yes, when? _____ YES NO

Do you have a smartphone? YES NO *Note: Omega requires use of an attendance app.*

Do you know any current or former Omega employee? YES NO If so, who? _____

For the purposes of eligibility to drive an Omega vehicle, have you had any moving violations in the past 36 months? *Note: Employees under the age of 25 may not be assigned to sites where driving Omega vehicles is required.* YES NO

Do you have access to a reliable vehicle to transport yourself to and from work? *Note: Not a disqualifier, but may limit to what sites you may be assigned.* YES NO

Certification

Number & Expiration Date

List valid certifications, such as RAMP, Act 235, CPR, EMT, etc.

Certification	Number & Expiration Date

Availability

Please check all boxes for the days and times that you are available and willing to work

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Daytime							
Afternoon							
Evening							
Overnight							

Education

High School: _____ City & State: _____

From: _____ To: _____ Did you graduate? YES NO

College/Other: _____ City & State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service

Branch: _____ From: _____ To: _____ Rank at Discharge: _____

Type of Discharge: _____ If other than honorable, explain: _____

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Start date: _____ End date: _____

Reason for leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Start date: _____ End date: _____

Reason for leaving: _____

Have you ever been terminated or asked to resign from a position?

If yes, explain: _____ YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize Omega to conduct background checks and consent to a random drug and/or alcohol screening requirement.

I understand that I am required to undergo the finger printing process, complete the Northampton County Private Detective Employee Statement form, and present documents as needed to complete the I-9 Employment Eligibility Verification form such as a valid driver's license, Social Security card, passport, or other legal form of identification.

Signature: _____ Date: _____

Omega does not discriminate on account of race, color, religion or creed, national origin or ancestry, sex, sexual orientation, age, physical or mental disability, veteran status, genetic information, or citizenship.

To be completed by Omega

Application Received _____ *Interviewed by* _____ *Hire Date* _____

References

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

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