



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

EMPLOYMENT APPLICATION

Last _____ First _____ MI _____
SSN _____ DOB _____

Street Address _____

City/State/Zip _____

Cell Phone _____ Email _____

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

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.*

Do you have a vehicle and are able to drive yourself to work? Yes ____ No ____
Note: Not a disqualifier but may limit what sites you can be assigned to.

Do you have a smartphone? Yes ____ No ____ *Note: Omega required use of an attendance app*

How did you hear about Omega? _____

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

Certification	Number & Expiration Date

Have you ever applied for employment with Omega? Yes ____ No ____ If so, when? _____

Have you ever worked for Omega in the past? Yes ____ No ____ If so, when? _____

Provide 3 References (include current Omega employees if applicable)

Name	Phone	Relationship

Have you ever been asked to resign from a position? Yes ____ No ____

If YES, please explain _____

Prior Employment (at least past 3 years)

Employer _____

Phone/Address _____

Start/End dates _____

Reason for leaving _____

Employer _____

Phone/Address _____

Start/End dates _____

Reason for leaving _____

Employer _____

Phone/Address _____

Start/End dates _____

Reason for leaving _____

1. Are you a citizen of the United States? Yes___ No ___
2. Do you have any medical or physical conditions that may prevent you from performing the duties?
Yes___ No ___
3. Have you ever been convicted of a crime? Yes___ No ___
If YES, please explain _____
4. Do you use any kind of illegal drugs, or have been arrested on drug-related charges? _____
If YES, please explain _____
5. I give Omega authorization to run my background checks. Yes___ No ___

Explain why you want to become an Omega team member:

By signing, I verify that all information on this application is true and correct, and I understand that:

1. Finger printing will be conducted.
2. I am required complete the County Private Detective Employee Statement form.
3. I am required to present documents as needed to complete the Employment Eligibility Verification Form I-9, such as valid driver's license, social security card, passport, or other current legal form of identification.

Applicant's 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 _____