



OMEGA Gymnastics

Employment Application

APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date
Street Address		Apt/Unit#	
City		State	Zip
Phone	Mobile	E-Mail	
	Date Available	Desired Salary	
Position Applied For			
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.			
Have you ever been accused or convicted of a crime involving abuse or molestation of children? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION			
High School		From	To
Address			
State	Zip	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
College		From	To
Address			
State	Zip	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
Other		From	To
Address			
State	Zip	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree

Continued, next page

OMEGA Employment Application, continued

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address			
City	State		Zip
Job Title		From	To
Responsibilities			
Supervisor		Starting Salary	Ending Salary
Reason for leaving			
May we contact your previous employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company		Phone ()	
Address			
City	State		Zip
Job Title		From	To
Responsibilities			
Supervisor		Starting Salary	Ending Salary
Reason for leaving			
May we contact your previous employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company		Phone ()	
Address			
City	State		Zip
Job Title		From	To
Responsibilities			
Supervisor		Starting Salary	Ending Salary
Reason for leaving			
May we contact your previous employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

OMEGA Employment Application, continued

MILITARY SERVICE	
Brand	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

REFERENCES <i>Please list three professional references</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

DISCLAIMER AND SIGNATURE	
I certify that my answers on this application are true and complete to the best of my knowledge. I also understand that if this application leads to employment, that any false or misleading information in my application or interview may result in immediate termination of employment. I further understand that OMEGA will run a preliminary background check prior to offering employment and that I will be required to provide birthdate and social security number at that time.	
Signature	Date

Update: 1/16/2020 11:12:00 AM