



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

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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			

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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