

Ω Omega General & Electrical Contractors LLC.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Information furnished on this application help to determine your qualification for the type of work for which you have applied. The completion of this application does not guarantee that any positions are open and does not obligate an offer of employment to you. All applications will receive consideration for employment without regard to sex, race, color, national origin, religion, age or handicap in accordance with applicable law.

PERSONAL					
Name: Last		First		M.I.	
Date of Application:					
Address -Name and St. No		City	State	Zip Code	Home Phone - ()
					Message Ph - ()
Position Applying For:		Expected Salary:		Social Security No.:	
		Minimum Acceptable:			
Applying For:					Date Available to Start:
() Regular Employment () Temporary Employment () Full-Time () Part-Time					
Are You Willing To Work:		Driver License #:	Date Expires:	Have You Ever Worked Under Another Name?	
() Days () Evenings () Weekends				() Yes () No If so, what:	
Have You Ever Worked For this Company Before: () Yes () No				Are You 18 years of Age or Older:	
If Yes; When: Where: Position:				() Yes () No	
Are You Legally Entitled to Work in the U.S.? () Yes () No				Dates of Military Service:	
If You Are Not a U.S. Citizen, Indicate Your VISA or Reg. No.:				From: To:	
Have You Ever Been Convicted of a Felony? () Yes () No				From: To:	
If Yes, Describe in Detail:					
EDUCATION					
Type of School	Name and Location		Did You Graduate?	Years Completed	Graduation Completed
High School					
Trade/Business School					
College/University Undergraduate					
College/University Graduated					
Other Education					
SKILLS					
IF AAPPLICABLE TO THE POITION FOR WHICH YOU ARE APPLYING, INDICATE OPERATION AND KNOWLEDGE OF THE FOLLOWING SKILLS:					
Typewriter (wpm) _____		Forklift Types:		Computer CRT _____	
Shorthand/Speedwriting (wpm) _____		Propane _____		Personal Computer _____	
Dictaphone _____		Standing _____		Software Used:	
10-Key Calculator () Touch () Sight _____		Electric _____		MS Excel _____	
Cash Register _____		Sit Down _____		MS Word _____	
Other Machine _____		Clamp Tr _____		Outlook _____	
		Automotive _____		Power Point _____	
Are You Bilingual? () Yes () No		Are You Certified: _____		Other: _____	
If Yes, What Type: _____					
Languages: _____					
PROFESSIONAL					
INDICATE ANY PROFESSIONAL HONORS OR CERTIFICATIONS YOU HAVE RECEIVED (PATENTS, PUBLICATIONS, ETC.):					

Starting with present or most recent, list ALL work experience for the last 10 years. Include self-employment, summer, volunteer, and part-time jobs. If there is a period where not employed, list what you did during that time. Do not leave any time out.

EMPLOYMENT HISTORY			
1. Job Title:		Duties:	
Employer:			
Employer's Address:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	() Full Time () Part Time () Temporary	
Supervisor:		May we contact: () Yes () No Phone No.: ()	
Reason for Leaving:			
2. Job Title:		Duties:	
Employer:			
Employer's Address:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	() Full Time () Part Time () Temporary	
Supervisor:		May we contact: () Yes () No Phone No.: ()	
Reason for Leaving:			
3. Job Title:		Duties:	
Employer:			
Employer's Address:			
Dates of Employment (month / year) From: To:			
Starting Salary:	Ending Salary:	() Full Time () Part Time () Temporary	
Supervisor:		May we contact: () Yes () No Phone No.: ()	
Reason for Leaving:			
REFERENCES			
NAME	ADDRESS	PHONE	TITLE
1.			
2.			
3.			

I hereby state that all the information that I provide on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that Federal Immigration Laws require me to complete an I-9 Form in the regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite periods, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself.

Signature of Applicant	Date
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