

Application for Employment

Omni Manufacturing, Inc.

901 McKinley Road
 P.O. Box 179
 St. Marys, Ohio 45885
 (419) 394-7424

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) Applied For: _____ Date of Application ____/____/____

Name _____ Available Shift(s) ____ 1st ____ 2nd ____ 3rd
Last First M.I.

Address _____
Street City State Zip

Home Phone () _____ Cell () _____ Social Security Number _____

If you are under 18, can you furnish a work permit? YES NO

Have you ever been employed here before? YES NO

Are you legally eligible for employment in this country? (Proof of U.S. citizenship or immigration status will be required upon employment.) YES NO

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? YES NO

If yes, please explain. (Such conviction may be relevant if job related, but does not bar you from employment.)

Are you able to meet the attendance requirements of the position? YES NO

Type of employment desired? Full-Time Part-Time Temporary Seasonal Educational Co-Op

Date available to start work? ____/____/____

Drivers License Number _____ State _____

Employment History

List your last (4) employers, assignments or volunteer activities, *starting with the most recent*, including military experience.

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor/Title		Summarize the nature of work performed and job responsibilities:	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____	Final \$ _____ per _____
From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor/Title		Summarize the nature of work performed and job responsibilities:	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____	Final \$ _____ per _____
From	To	Employer	Phone
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Immediate Supervisor/Title		Summarize the nature of work performed and job responsibilities:	
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From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor/Title		Summarize the nature of work performed and job responsibilities:	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____	Final \$ _____ per _____

Skills and Qualifications

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position, which you are applying. _____

How did you hear about us? Friend _____

Newspaper _____ Other _____

Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		Major	Degree	
High School				
College				
Other				

Business References

NAME	RELATIONSHIP	TELEPHONE	YEARS KNOWN

Do you have any friends or relatives employed at OMNI? If so, please list below:

NAME	RELATIONSHIP	TELEPHONE

It is understood and agreed upon that any false statement made by me on this application will be sufficient cause for cancellation of this application and/or separation from Omni Manufacturing's service if I have been employed.

I give Omni Manufacturing the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Omni Manufacturing and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

Omni Manufacturing is an Equal Opportunity Employer. Omni Manufacturing does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment based on a basis prohibited by local, state, or federal law.

This application is current for only **6 months**. At the conclusion of this time, if I have not heard from Omni Manufacturing and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, Omni Manufacturing reserves the right to terminate my employment at any time, with or without cause and prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is Omni Manufacturing's policy not to refuse to hire qualified individuals with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date ____/____/____