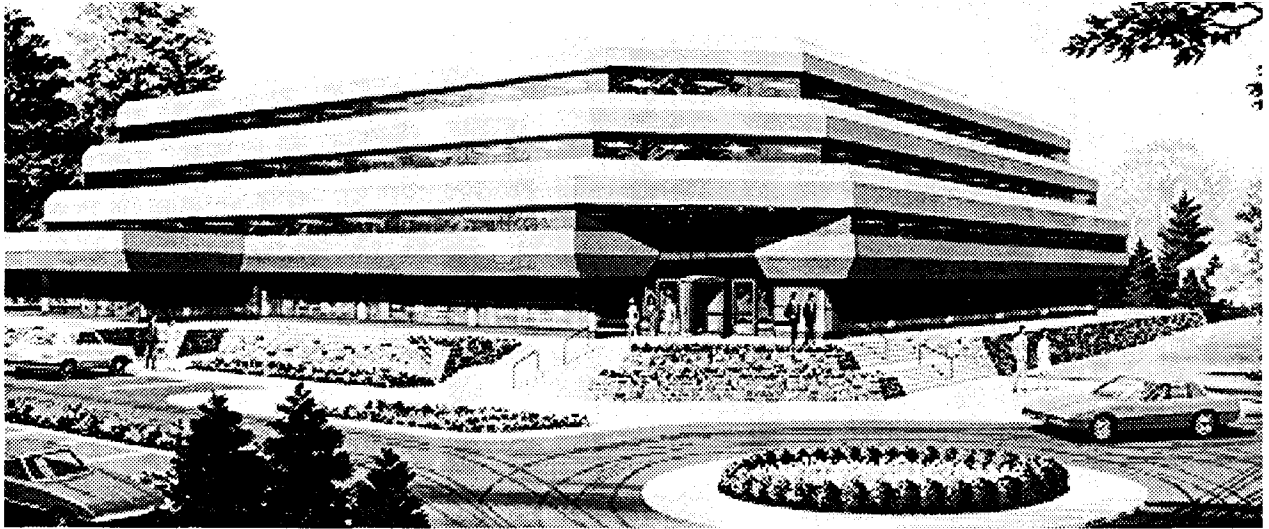


# **OMEGA Engineering, Inc.**



OMEGA ENGINEERING, INC.

## **INSTRUCTIONS and INFORMATION**

- 1) This is a 6 Page Form that must be printed, completed, then mailed or faxed to the H.R. Dept.
  - 2) Use the scroll bar to view all pages in Adobe Acrobat Reader or your Browser.
  - 3) You can download this blank form (Save As A Copy) and/ print it.
  - 4) Please answer all applicable questions as thoroughly as possible.
  - 5) You can fax the completed form to: 203-359-7979
  - 6) You can Mail the completed form to: OMEGA Engineering Inc.  
1 Omega Drive, Box 4047  
ATT: H.R. Dept., Stamford, CT. 06907-0047
  - 7) Last two pages "Invitation to Self Identify" please complete or indicate you do not wish to Self-Identify
- Note: With Adobe Acrobat READER, although you can click into and type data into the fields on this form only the BLANK form will be saved when you save the pdf file to your computer.

## **Application for Employment - Internet Form**

All applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. We appreciate your interest in our organization and assure you that we will give this application the utmost consideration. This application will remain under active consideration for 90 days.

Name \_\_\_\_\_ Date \_\_\_\_\_

Source \_\_\_\_\_

**An Equal Employment Opportunity Employer**

**<http://www.omega.com>**

**[e-mail: hr@omega.com](mailto:hr@omega.com)**

**Fax: 203-359-7979**

To gain our fullest consideration for employment possibilities, please complete this Application in detail, as indicated. If any information is missing, your application may be rejected.

Date \_\_\_\_\_ email address: \_\_\_\_\_

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present address \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

Permanent address \_\_\_\_\_ Alternative Telephone No. \_\_\_\_\_

Type of work desired \_\_\_\_\_

Are you seeking Full-Time \_\_\_\_\_ or Part-Time \_\_\_\_\_ employment?

Specify days and hours if part-time \_\_\_\_\_

Expected rate of pay \_\_\_\_\_ Date available \_\_\_\_\_

Referral Source: Advertisement \_\_\_\_\_ OMEGA Employee \_\_\_\_\_  
(Please Specify)

Other (Please Specify) \_\_\_\_\_

Please list any relatives working for OMEGA \_\_\_\_\_

Please list any friends working for OMEGA (optional) \_\_\_\_\_

Were you previously employed by OMEGA? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever applied for employment with OMEGA? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have a legal right to work in the United States? \_\_\_\_\_ Alien Registration No. \_\_\_\_\_

Are you currently on lay-off and subject to recall? \_\_\_\_\_

Have you taken a Civil Service Exam? \_\_\_\_\_ If yes, when? \_\_\_\_\_

In the event your position requires travel, do you have a valid driver's license? Yes  No

Are you currently employed? \_\_\_\_\_ May we contact your current employer? \_\_\_\_\_

Record of Education (*Degrees will be verified*)

	Name and Location of High School, Trade or Business School, Colleges Attended and/or Graduate Programs	Course of Study	Did You Graduate? (If Not, How Many Years Completed?)	Graduation Date (optional)	Grade Point Average (1) Overall (2) Major	Highest Degree Earned or Expected
1					1	
2					1	
3					1	
4					1	

Do you anticipate continuing your education? (please comment) \_\_\_\_\_

List Scholarships, Scholastic Honors, College Activities, Associations, etc. \_\_\_\_\_

## Military Service Record

Present Selective Service Status	Military Duty _____ Branch _____				
	From	TO	Rank _____	Experience	
Previous Service	From	TO	Rank _____		

## Present and Past Employment

*(Employment experience will be verified.)*

List in Order Beginning With Most Recent Employer					
From	TO	Company Name _____	Address & Phone _____		
Mo. Yr.	Mo. Yr.				
Type of Company, Products, Services, etc.			Reason for Leaving		
Job Title		Supervisor's Name	Supervisor's Title	Annual Base Salary \$	
Duties in Brief					
From	TO	Company Name _____	Address & Phone _____		
Mo. Yr.	Mo. Yr.				
Type of Company, Products, Services, etc.			Reason for Leaving		
Job Title		Supervisor's Name	Supervisor's Title	Annual Base Salary \$	
Duties in Brief					
From	TO	Company Name _____	Address & Phone _____		
Mo. Yr.	Mo. Yr.				
Type of Company, Products, Services, etc.			Reason for Leaving		
Job Title		Supervisor's Name	Supervisor's Title	Annual Base Salary \$	
Duties in Brief					
From	TO	Company Name _____	Address & Phone _____		
Mo. Yr.	Mo. Yr.				
Type of Company, Products, Services, etc.			Reason for Leaving		
Job Title		Supervisor's Name	Supervisor's Title	Annual Base Salary \$	
Duties in Brief					

Do you currently hold a second job? YES  NO

Please Comment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Special Skills, Certifications and Outside Activities

Describe any special skills, including Personal Computer, Total Quality Management (TQM), related or unrelated to the job you are seeking. —

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Professional Memberships, Certificates, and or Licenses held, e.g., Teaching Certificate, Language Certificate, Pilots License, Real Estate License, etc., and Patents and/or Inventions (if applicable).

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Extra-Curricular Activities, Hobbies, etc. \_\_\_\_\_

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I certify that the answers provided above are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of employment or subsequent discharge.

**It is also understood that:**

- I further understand that OMEGA ENGINEERING, INC. follows an "employment at will" policy, in that I, or OMEGA ENGINEERING, INC. may terminate my employment at any time, or for any reason consistent with applicable state or federal laws.
- I understand that all employment is probationary, for a 6 month period, during which time I must demonstrate my fitness for continued employment.
- I will be required to pass a pre-employment physical, including a drug and alcohol screening, at OMEGA's expense and authorize a copy of the results of said physical to be released to OMEGA.
- OMEGA enjoys a smoke free environment. Smoking is not allowed in any Company building.
- Consumption of food and beverages is restricted to designated areas.
- I must produce, by law, proof that I am either a U.S. citizen or have a legal right to work in the United States.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

### For Human Resources Department Use Only

Interviewer 1. _____ 2. _____ 3. _____	Date/Time 1. _____ 2. _____ 3. _____
Final Disposition _____ Position _____ Supervisor _____ Hrs/Day _____	Employment Date _____ Work Location _____ Rate/Hr _____ Hrs/Week _____



## Invitation to Self Identify – Applicant

OMEGA Engineering, Inc. is an Equal Opportunity Employer. As required by law, we must record the following information to be made a part of our Affirmative Action Program. **Providing this information is completely voluntary.**  
**Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.**

Applicants for employment are invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation, you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Please complete the information requested below. Thank you for your cooperation.

### Section 1: General Applicant Information

Name: _____	Date: _____
Position applied for: _____	

### Section 2: Please check (4) all that apply. (See attached for definitions)

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		<input type="checkbox"/> Other Eligible Veteran
<input type="checkbox"/> Native Hawaiian or other Pacific Islander (not Hispanic or Latino)		
<input type="checkbox"/> Asian (not Hispanic or Latino)		<b>** Other</b> <input type="checkbox"/> Individual with Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Is a reasonable accommodation necessary? _____ _____
<input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino)		
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)		

***I do not wish to Self-Identify. (Signature)*** \_\_\_\_\_

## **EEOC Race/Ethnic Identification Categories**

### ***Hispanic or Latino***

*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

### ***White (Not Hispanic or Latino)***

*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

### ***Black or African American (Not Hispanic or Latino)***

*A person having origins in any of the black racial groups of Africa.*

### ***Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)***

*A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

### ***Asian (Not Hispanic or Latino)***

*A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*

### ***American Indian or Alaska Native (Not Hispanic or Latino)***

*A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.*

### ***Two or More Races (Not Hispanic or Latino)***

*All persons who identify with more than one of the above five races.*

### ***Individual with Disabilities***

*Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).*

### ***Special Disabled Veteran***

*Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (i) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.*

### ***Veteran of the Vietnam Era***

*Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.*

### ***Other Eligible Veteran***

*Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.*