

# OMEGA METALS, INC.

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE INT.	TODAY'S DATE
STREET ADDRESS			HOME PHONE #
CITY/STATE/ZIP			OTHER PHONE #
ARE YOU 18 YEARS OF AGE OR OLDER?		SOCIAL SECURITY #	
APART FROM ABSENCE FOR RELIGIOUS OBSERVANCE, ARE YOU AVAILABLE FOR FULL-TIME WORK?		WILL YOU WORK OVERTIME IF ASKED?	
DRIVERS LICENSE #:	STATE	EXP.	WHEN CAN YOU BEGIN WORK?
POSITION DESIRED:		PAY EXPECTED:	

### EDUCATION

	NAME OF SCHOOL	COURSE OF STUDY	# OF YEARS	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH					
BUSINESS/ TRADE/ TECHNICAL					
COLLEGE					

OTHER SPECIAL TRAINING OR SKILLS:

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

COMPANY NAME	TELEPHONE #
ADDRESS	EMPLOYED FROM: TO:
NAME OF SUPERVISOR	PAY START: LAST:
STATE JOB TITLE & DUTIES:	REASON FOR LEAVING:

COMPANY NAME	TELEPHONE #
ADDRESS	EMPLOYED FROM: TO:
NAME OF SUPERVISOR	PAY START: LAST:
STATE JOB TITLE & DUTIES:	REASON FOR LEAVING:

COMPANY NAME	TELEPHONE #
ADDRESS	EMPLOYED FROM: TO:
NAME OF SUPERVISOR	PAY START: LAST:
STATE JOB TITLE & DUTIES:	REASON FOR LEAVING:

\*\*\* We may contact the employers listed above unless you state those you do not want contacted during your interview.

List any employer you do not want contacted here:

**MILITARY**

Have you served in the U.S. Armed Forces?

If "yes", in what branch? \_\_\_\_\_

Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

If "yes", describe in full:

Number of dependents (including yourself) \_\_\_\_\_

Sex: Male ( )  
Female ( )

Are you a Vietnam Veteran? \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_ (if not, employment is subject to verification of age).

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

The information provided in this application for employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

# EMPLOYEE/APPLICANT CONSENT FORM

## PHYSICAL EXAMINATION AND TEST CONTROLLED SUBSTANCES (DRUGS) AND/OR ALCOHOL (CONFIDENTIAL)

EMPLOYEE/APPLICANT NAME (print)

Social Security Number

I hereby voluntarily consent to a physical examination and tests to be conducted by company designated physicians and/or other appropriate medical personnel contracted to perform this service by the Company. I specifically voluntarily consent to the taking of samples of my blood, urine, hair, breath and other samples for testing to determine the presence of drugs and/or alcohol in my system. I voluntarily authorize the release of medical information concerning the results of my physical examination and tests to company representatives who will use it to determine if I am in compliance with company work rules and policies on drugs and/or alcohol. I understand that I am entitled to a copy of this authorization. I also understand that refusal by me to sign this consent will be cause for discharge or ineligibility for employment. This authorization shall remain valid for a period of one year from the date shown below for new applicants, and at all times during the period of employment for existing employees.

EMPLOYEE/APPLICANT SIGNATURE

DATE

SIGNATURE OF WITNESS

# EMPLOYEE/APPLICANT REFUSAL FORM

## PHYSICAL EXAMINATION AND TEST CONTROLLED SUBSTANCES (DRUGS) AND/OR ALCOHOL

I decline to authorize the company to perform a physical examination and tests for drugs and/or alcohol or the release of results to Company representatives. I understand that I am entitled to a copy of this refusal. I also understand that refusal by me to sign this consent will be cause for discharge or ineligibility for employment.

EMPLOYEE/APPLICANT SIGNATURE

DATE

SIGNATURE OF WITNESS