

Employment Application

Form: 622.1 Rev: B Date: 12/15/17

(See Documents database for revision history and approvals)

APPLICANT INFORMATION

Last Name				First Name				M.I.		Date		
Street Address							Phone					
City						State		ZIP				
Home Phone						Mobile Phone						
E-mail Address												
Date Available					Referred By							
Desired Position							Desired Salary					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever applied to this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?									
Do you have your own tools?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to work a split shift (4:00 PM to 2:30 AM)?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				

EDUCATION

High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES

Please list three professional references.

Full Name				Relationship				Years Known		
Company						Phone				
Address										
Full Name				Relationship				Years Known		
Company						Phone				
Address										
Full Name				Relationship				Years Known		
Company						Phone				
Address										

PREVIOUS EMPLOYMENT

Please list your last three jobs including your present job if you are currently employed.

Company				Supervisor*				
Address					Phone			
Job Title								
Responsibilities								
From			To			*May we contact this supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving								
Company				Supervisor*				
Address					Phone			
Job Title								
Responsibilities								
From			To			*May we contact this supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving								
Company				Supervisor*				
Address					Phone			
Job Title								
Responsibilities								
From			To			*May we contact this supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reason for Leaving								

MILITARY SERVICE

Branch			From			To		
Rank at Discharge								

INDUSTRIAL EXPERIENCE

Please indicate your experience in the following types of work:

Do you have experience in the aerospace industry?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many years?	
Do you have experience in the automotive industry?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many years?	
Do you have experience in the medical industry?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many years?	
Do you have experience in the oil tool industry?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many years?	
Do you have job shop experience?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many years?	

MACHINING EXPERIENCE

Do you have experience with GD&T based drawings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many years?	
Do you have experience in close tolerance mill work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, to what tolerance?	±
Do you have experience in close tolerance lathe work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, to what tolerance?	±
Do you have experience in machining castings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, to what tolerance?	±

Please indicate the types of materials you have experience machining.

Aluminum Alloy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what types?	
Titanium	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what types?	
Stainless Steel	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what types?	
Super Alloys	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what types?	
Other Types				

CNC EXPERIENCE

Please indicate the number of years of experience in the following areas:

CNC Mills	Operating:		Setting Up:		Programming:	
CNC Lathes	Operating:		Setting Up:		Programming:	
With which models of CNC mills do you have experience?						
With which models of CNC lathes do you have experience?						
With which programming systems do you have experience?						
Do you have experience in proving-out newly written CNC programs?						
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many years?			

SPECIAL SKILLS, TRAINING OR WORK EXPERIENCE

Please describe any other special skills, training or work experience.

DISCLAIMER, AUTHORIZATION AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize investigation of all statements contained herein and the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Signature		Date	
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APPLICANT: DO NOT FILL-IN BEYOND THIS POINT. YOUR APPLICATION IS COMPLETE.

YOU MAY SUBMIT THIS COMPLETED APPLICATION BY:

- EMAIL TO mail@omegaprecision.us
- FAX TO (562) 946-5240
- MAIL TO:
 Omega Precision
 Attn: Human Resources Department
 13040 Telegraph Road
 Santa Fe Springs CA 90670

YOUR APPLICATION WILL BE REVIEWED AND YOU WILL BE CONTACTED FOR AN INTERVIEW IF NEEDED. YOUR APPLICATION WILL BE KEPT ON FILE AT OMEGA PRECISION.

THANK YOU FOR APPLYING WITH OMEGA PRECISION.

INTERVIEW INFORMATION (Review Job Description)

Evaluate the applicant's knowledge and skills related to the Job Description. Also evaluate applicant's communication skills.

Interviewed By		Date	
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EMPLOYMENT OUTCOME

Decision to Offer Employment	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date		By	
Position to Offer					Salary to Offer	
Employment Offered?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date		By	
Employment Accepted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date		If yes, Date to Report	
If employment declined, why?						
Position Accepted					Salary Accepted	
Reported for Work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date		Full-Time Employee?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If not reported for work, why?						
Department				Supervisor		

Employee Name:	
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NEW EMPLOYEE CHECKLIST

<input type="checkbox"/> Employee Number Assigned	Employee Number:			
<input type="checkbox"/> Employee file created	Date		By	
<input type="checkbox"/> Issued copy of Job Description	Date		By	
<input type="checkbox"/> Entered in DTS time tracking system	Date		By	
<input type="checkbox"/> Issued copy of Employment Manual	Date		By	
<input type="checkbox"/> Returned signed Employment Manual Compliance	Date		By	
<input type="checkbox"/> Returned signed Non-Disclosure/Confidentiality Compliance	Date		By	
<input type="checkbox"/> Issued Database ID and Security Password Card	Date		By	
<input type="checkbox"/> Issued Form I-9, Employment Eligibility Verification	Date		By	
<input type="checkbox"/> Returned Form I-9, Employment Eligibility Verification	Date		By	
<input type="checkbox"/> Issued safety glasses	Date		By	

NEW EMPLOYEE TRAINING (RECORD EACH ITEM IN THE TRAINING DATABASE)

TOPIC	DATE	BY
<input type="checkbox"/> DTS time tracking system		
<input type="checkbox"/> Travelers database		
<input type="checkbox"/> AS9100 Awareness training		
<input type="checkbox"/> FOD Awareness training		