

SAND MADE

EASY

Employment Application

Send
Application to:
recruiting@omnitrax.com OR
Fax to 866.448.9259

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. Answer each question fully and accurately. No action can be taken on this application until you have answered all questions.

Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

| | | | |
|--|---------------------|-------------------------------------|-------------------------------------|
| | | Today's Date: | |
| Company Applied for: | Facility/ Location: | Position Applied for: | |
| Last Name: | First Name: | Middle Name: | |
| Street Address: | City: | State: | Zip Code: |
| Telephone Number: | Email Address: | | |
| GENERAL | | | |
| Are you seeking employment: | | Full-time: <input type="checkbox"/> | Part-time: <input type="checkbox"/> |
| | | Temporary: <input type="checkbox"/> | |
| Were you referred by an employee of OmniTRAX or one of its managed company's? If "Yes", provide name. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever applied for a position or worked for any OmniTRAX managed company? If "Yes", when? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.) | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If hired, can you furnish proof you are eligible to work in the United States? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever served in the Armed Forces? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a relative working for us? (If "Yes"; provide Name & Relationship below) | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Name: | | Relationship: | |
| Many positions regularly require working evenings, nights, weekends, unscheduled overtime, holidays and in inclement weather. Are you willing and able to work under such conditions? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? <input type="checkbox"/> Need more information to respond | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



Arrows Up, LLC
3 W. College Drive | Arlington Heights, IL 60004
847.305.2550 | www.arrowsupllc.com

EMPLOYMENT EXPERIENCE

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon passing a background check and acceptable references from current and former employers.

Failure to identify a former employment may result in rejection of application or dismissal from employment.

Applications will not be considered if not completed entirely.

Please do not state "see resume".

| | | | |
|--------------------------------------|--|--|---------------|
| Name of Present or Previous Employer | Supervisor(s) May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address | Employed From (mo/yr) | | To (mo/yr) |
| Phone Number | Starting Pay \$ | | Final Pay \$ |
| Title | Reason for Leaving | | |
| Duties | | | |
| Previous Employer | Supervisor(s) May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address | Employed From (mo/yr) | | To (mo/yr) |
| Phone Number | Starting Pay \$ | | Final Pay \$ |
| Title | Reason for Leaving | | |
| Duties | | | |
| Previous Employer | Supervisor(s) May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address | Employed From (mo/yr) | | To (mo/yr) |
| Phone Number | Starting Pay \$ | | Final Pay \$ |
| Title | Reason for Leaving | | |
| Duties | | | |
| Previous Employer | Supervisor(s) May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address | Employed From (mo/yr) | | To (mo/yr) |
| Phone Number | Starting Pay \$ | | Final Pay \$ |
| Title | Reason for Leaving | | |
| Duties | | | |

EDUCATION

List name and address of Schools

| | | | |
|---|---------------------------------------|------------------------------|-----------------------------|
| High School or GED | | Number of Years Completed | |
| | | | |
| Address | | | |
| Diploma/Degree/Certificate: | | | |
| College or University | | Number of Years Completed | |
| Address | | | |
| Subjects Studied: | | | |
| Diploma/Degree/Certificate: | | | |
| Graduate, Vocational or Technical | | Number of Years Completed | |
| Address | | | |
| Subjects Studied | | | |
| Diploma/Degree/Certificate: | | | |
| What skills or additional training do you have that are related to the job for which you are applying? | | | |
| What machines or equipment can you operate that are related to the job for which you are applying? | | | |
| List professional, trade, business, or civic activities and office(s) held. (Exclude labor organizations and memberships which would reveal race color, religion, national origin, sex, age, disability or other protected status): | | | |
| For Driving Jobs only: | Do you have a valid Driver's License? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Driver's License Number | Class License | State Licensed in | |
| Have you had your driver's license suspended or revoked in the last 3 years? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, give details: | | | |

REFERENCES

| | | |
|--|----------------------------------|--|
| Have you ever worked or attended school under any other names? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, give names. | | |
| Are you presently employed? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, whom do you suggest we contact? | | |
| Have you ever been fired from a job? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever been asked to resign from a job? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever been involuntarily terminated from a job? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you answered yes to the any of the three questions above, please explain: | | |
| | | |
| Give three references: not relatives | | |
| Name | Relationship to Applicant | Phone (home or work) |
| | | |
| | | |
| | | |

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination and references from current and former employers. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand and by my signature, consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for 6 months' time.