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Membership Application

I understand that falsification of any information on this application or attachments will eliminate me from being considered for membership into Omega Eta Sigma, Incorporated. By signing this form, I verify that all the information I have provided is true and correct. I understand that at any time, Omega Eta Sigma can rescind any rights or privileges to an applicant based on the submission of false information or documents.

PERSONAL INFORMATION

First Name

Middle

Last Name

Current Address

State

Zip Code

Contact #

Date of Birth

Gender / Sex

Email Address

PROFESSIONAL EDUCATION / TRAINING

School

Location

Year Attended

Degree / Certification Received

Professional License # (If Applicable)

School

Location

Year Attended

Degree / Certification Received

Professional License # (If Applicable)

CURRENT EMPLOYMENT

_____ Employer	_____ Position	_____ Supervisor	_____ Phone #
_____ Employment Address		_____ State	_____ Zip Code

REFERENCES (BUSINESS / PROFESSIONAL ONLY)

_____ Name	_____ Title	_____ Company	_____ Phone #
_____ Name	_____ Title	_____ Company	_____ Phone #
_____ Name	_____ Title	_____ Company	_____ Phone #

AFFIRMATION STATEMENT

1. Have you received and read the Code of Honor of Omega Eta Sigma? Yes ____ No ____
2. Have you read and understand the Policies & Procedures of Omega Eta Sigma? Yes ____ No ____
3. Are you listed in a personal and/or professional manner on any websites or social media accounts? (i.e.: Facebook, Twitter, Instagram, LinkedIn, etc.) Yes ____ No ____

If Yes, please provide the links and profile names:

CONFIDENTIALITY BACKGROUND CHECK

As part of the membership application process, Omega Eta Sigma will conduct a background check on you. The process requires your permission for Omega Eta Sigma to obtain a background check from a reporting agency. Your report may include, but not be limited to, the following information: consistent with applicable federal, state, and local laws that include obtaining information on convictions and/or pending prosecutions.

I, _____, hereby authorize Omega Eta Sigma to conduct a background check
(Please Print Name Clearly)

and to investigate my qualifications as they relate to me becoming a member in the organization for which I am applying.

I understand that Omega Eta Sigma may utilize an outside firm or firms to assist in checking such information. I specifically authorize such an assessment by information services and outside entities of Omega Eta Sigma’s choice.

I agree to release and hold harmless Omega Eta Sigma from any and all liability with respect to receipt of such information and acknowledge that Omega Eta Sigma is relying on third party information and, therefore, release Omega Eta Sigma, its affiliates, regions, chapters, and their respected agents, officers, and employees from any and all liability arising out of errors or omissions.

I understand it is the responsibility of all those applying to correct and update negative or conflicting information found on their Background Check and that there is no appeal process.

I also understand that I may withhold my permission. In such a case, no investigation will be done and my application for membership may not be processed further.

Candidate Signature: _____

Date: ____ / ____ / 20____

DO NOT WRITE BELOW THIS LINE – OMEGA ETA SIGMA USE ONLY

[] CRIMINAL RECORD ATTACHED

[] NO CRIMINAL RECORD ATTACHED

Verified Signature: _____

Date: ____ / ____ / 20____

COMMUNITY INVOLVMENT

Please describe your specific involvement.

SPECIAL INTERESTS

WHY ARE YOU INTERESTED IN BECOMING A MEMBER OF OMEGA ETA SIGMA?

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Name of Candidate (Please Print): _____ Date: ____/____/20____

Signature: _____