

# EMPLOYMENT APPLICATION

## APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete all pages, print, sign, and submit this form.
3. If more space is needed to complete any question, use comments section.
4. Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
6. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

POSITION APPLIED FOR: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MI

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. After an offer of employment, and prior to reporting to work, you will be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

## AVAILABILITY

What date can you start? \_\_\_\_\_ What category would you prefer?  Full time  Part time  Temporary  Labor pool

For which schedules are you available?\*  Weekdays  Weekends  Overtime  Other \_\_\_\_\_

\*reasonable efforts will be made to accommodate religious beliefs and practices

## JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

- Yes  No If the job requires, do you have the appropriate valid drivers license?  
 Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_
- Yes  No Have you had any moving violations within the last seven years? Please describe. \_\_\_\_\_  
 Please list any other skills, licenses, or certificates that may be job-related or that you feel would be of value to this job or company. \_\_\_\_\_
- Yes  No Have you been given a job description or had the essential functions of the job explained to you?
- Yes  No Do you understand and can you perform the essential functions of this job with or without reasonable accommodation?
- Yes  No Have you received, understand, and signed a GeoConstructors, Inc Fitness for Duty Policy?

## SECURITY

List states and counties of residence for the past seven years: \_\_\_\_\_

- Yes  No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, below.
- Yes  No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age atime of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

## COMMENTS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS EMPLOYERS**

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

**MOST RECENT EMPLOYER**       Yes     No    Are you currently working for this employer?  
 Yes     No    If yes, may we contact?

PHONE (    )  
FAX (    )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

PER \_\_\_\_\_  
SALARY \_\_\_\_\_ (HOUR, WEEK, MONTH) REASON FOR LEAVING \_\_\_\_\_

**SECOND MOST RECENT EMPLOYER**

PHONE (    )  
FAX (    )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

PER \_\_\_\_\_  
SALARY \_\_\_\_\_ (HOUR, WEEK, MONTH) REASON FOR LEAVING \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER**

PHONE (    )  
FAX (    )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

PER \_\_\_\_\_  
SALARY \_\_\_\_\_ (HOUR, WEEK, MONTH) REASON FOR LEAVING \_\_\_\_\_

**REFERENCES**

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

**EDUCATION**

NOTE: Do not fill out any part of this section you believe to be non-job related.

Please select highest grade completed.    7    8    9    10    11    12    13    14    15    16    16+

If your school records are under a different name than listed on page 1, please enter that name \_\_\_\_\_

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_