

# EMPLOYMENT APPLICATION

An Equal Opportunity Employer



**NOTICE TO APPLICANTS:** Please be aware that all applicants for employment who receive job offers will be required to submit to urinalysis for the purpose of detecting the presence of controlled substances. Prospective employees tested will be required to sign a Consent/Release prior to testing. The job offer will be contingent upon the prospective employee signing the Consent form, as well as the results of the test. Our company is an equal employment opportunity employer and will not discriminate on the basis of any characteristic protected by law.

## PERSONAL INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Are you legally authorized to work in the country to which you are applying? YES [ ] NO [ ]

Are you age 18 or older? YES [ ] NO [ ]

Have you ever been convicted of a felony? YES [ ] NO RECORD [ ]

*All applicants may answer "No Record" if a conviction has been sealed, pardoned, expunged, annulled, statutorily eradicated or dismissed upon condition of probation.*

IF YOU ANSWERED YES TO THE QUESTION ABOVE, PLEASE EXPLAIN BELOW: List dates, location (city, state & county), violation(s) and outcome below :			
Charge Type:	Date(s)	Location (city, state, county)	Violation(s) and Outcome

Have you ever worked for GEOMET before? YES [ ] NO [ ]

If yes, when (give dates) ? \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends that work for GEOMET? YES [ ] NO [ ]

If yes, provide name of GEOMET employee \_\_\_\_\_

Have you signed any type of employment agreement with a previous employer? YES [ ] NO [ ]

If yes, what type \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

Are you available to work: DAYS [ ] WEEKENDS [ ] FULL-TIME [ ]

Are you currently employed? YES [ ] NO [ ] If yes, may we contact your current employer? YES [ ] NO [ ]

If currently employed, why are you considering leaving? \_\_\_\_\_

## EDUCATION

High School: No of Yrs Completed (circle one) 1 2 3 4 Diploma YES [ ] NO [ ] GED: YES [ ] NO [ ]

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

College and/or No of Yrs Completed (circle one) 1 2 3 4

Vocational School School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_  
Other Training School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Or degrees Address \_\_\_\_\_ Phone \_\_\_\_\_  
Course \_\_\_\_\_ Degrees or Certificate Earned \_\_\_\_\_

**SKILLS:** *Mark programs with which you are proficient*

Office: Excel [ ] Power Point [ ] Access [ ] Word [ ] Other [ ]

Typing \_\_\_\_\_ wpm Other software skills \_\_\_\_\_

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES [ ] NO [ ] If yes, please describe:

**EMPLOYMENT HISTORY** *Start with your present or most recent position and include all employers for the last 7 years*

1. Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Full Address (including Street, City, State, & Zip) \_\_\_\_\_  
Supervisor's Name and title \_\_\_\_\_  
Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Beginning rate of pay \_\_\_\_\_ Final Rate of Pay \_\_\_\_\_  
Job title: \_\_\_\_\_ Describe Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Full Address (including Street, City, State, & Zip) \_\_\_\_\_  
Supervisor's Name and title \_\_\_\_\_  
Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Beginning rate of pay \_\_\_\_\_ Final Rate of Pay \_\_\_\_\_  
Job title: \_\_\_\_\_ Describe Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Full Address (including Street, City, State, & Zip) \_\_\_\_\_  
Supervisor's Name and title \_\_\_\_\_  
Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Beginning rate of pay \_\_\_\_\_ Final Rate of Pay \_\_\_\_\_  
Job title: \_\_\_\_\_ Describe Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

*Please use additional sheet of paper if more space is needed.*

Have you ever been discharged or asked to resign from a job? YES [ ] NO [ ] If yes, please explain: \_\_\_\_\_

**PROFESSIONAL REFERENCES** (Must be former Supervisors or Managers)

Name \_\_\_\_\_ Job title \_\_\_\_\_ Company \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_ Job title \_\_\_\_\_ Company \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_ Job title \_\_\_\_\_ Company \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

How do you know this person? \_\_\_\_\_

**NOTIFICATION AND AGREEMENT**

*PLEASE READ BEFORE SIGNING*

**I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompany or required documents) may be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.**

I authorize my former employers, references and education institution to provide information and opinions about me which may lawfully be disclosed. I hereby waive written notice of the release of such information and opinions, including the release of information concerning disciplinary matters, and I release such former employers, references and educational institutions from any liability or claim related to such lawful release of information and opinions. I also authorize federal, state, and local governmental agencies to release any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and release will be valid as an original.

I understand and agree that my employment will be at will and may be terminated by me or the Company at any time for any cause or no cause. I understand and agree that no one employee by the Company (except the Company's Chief Executive Officer by a specific written contract for a specific term of years naming the employee and signed by the employee and Chief Executive Officer) has any authority to limit in any way the Company's right to terminate employment at will, or to offer employment other than on an at-will-basis. I understand and agree to the Company's policy that the Company's decisions on all employment related matters are final, and are not subject to review of appeal outside the Company except as required by laws providing or requiring employers to provide specific employment standards and rights.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

This application for employment is good for 60 days only. Consideration for employment after (60 days) requires a new application.