

**GeoSurvey, Ltd.**  
**APPLICATION FOR EMPLOYMENT**

Each inquiry on this application must be fully answered or completed.

**Date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_                      **Position Desired:** \_\_\_\_\_

If offered this position when  
Would you be able to start? \_\_\_\_\_

How were you  
referred to us? \_\_\_\_\_

**Personal Data**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Print) Last                      First                      Middle

Present Address \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
Street and Number                      City                      State                      Zip                      Years                      Months

Telephone Number ( \_\_\_\_ ) - \_\_\_\_\_ Are you 18 years or older?    Yes     No

If hired, can you provide proof that you are legally entitled to work in the U.S. ?    Yes     No

Have you filed an application here before?    Yes     No     If Yes, give dates: \_\_\_\_\_

Have you ever worked for this Company before?    Yes     No     If Yes, give dates & position: \_\_\_\_\_

Do you have any friends or relatives working here?    Yes     No     If Yes, Name: \_\_\_\_\_

Do you have adequate transportation to and from work?                      Yes                       No

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime?                      Yes                       No

If Yes, please give dates and details of each: \_\_\_\_\_

NOTE: Answering "Yes" to the previous question does not constitute an automatic bar to employment.

**EDUCATION and EXPERIENCE**

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed (Circle)	4   5   6   7   8	9   10   11   12	1   2   3   4	1   2   3   4
Diploma/Degree				
Describe Course of Study or Major				
Describe Specialized Training, Military Experience, Skills, and Extra-Curricular Activities				

In order to permit a check of your work and educational records, should we be made aware of any change in name or assumed name that you previously used? Yes  No  If Yes, identify name and relevant dates.

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Please describe any other experience that you have which would be relevant to the job for which you are applying:

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Are you capable of satisfactorily performing the essential job duties with reasonable accommodation required of the position for which you are applying? Yes  No

**RECORD OF PREVIOUS EMPLOYMENT**

Please list the names of your previous employers in chronological order with present or last employer first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Name of Present or Last Employer	Employed	Pay	Your Title or Position	Major Job Duties
	From (mo/yr)	Start \$		
Address	To (mo/yr)	Final \$	Name of Last Supervisor	Reason for Leaving
City, State, Zip				
Telephone:				

Name of Previous Employer	Employed	Pay	Your Title or Position	Major job Duties
	From (mo/yr)	Start \$		
Address	To (mo/yr)	Final	Name of Last Supervisor	Reason for Leaving
City, State, Zip				
Telephone:				

Name of Previous Employer	Employed	Pay	Your Title or Position	Major Job Duties
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	From (mo/yr)	Start \$		
Address	To (mo/yr)	Final \$	Name of Last Supervisor	Reason for Leaving
City, State, Zip				
Telephone:				

Are you now employed? Yes  No  Are you on layoff? Yes  No  Are you subject to recall? Yes  No

Do you have any commitments to any other employer which may affect your employment? Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been terminated or asked to resign from any job? Yes  No  If Yes, please explain circumstances:

\_\_\_\_\_

Please explain fully any gaps in your employment history (If necessary, use additional paper and include your signature and date):

\_\_\_\_\_

May we contact your current employer? Yes  No  If No, please explain:

\_\_\_\_\_

**CHARACTER REFERENCES**

Please list persons who know you well – Not previous employers or relatives

Name	Occupation	Address Street, City, State and Zip	Telephone Number	Years Known

**DRIVING INFORMATION**

[Complete only if you are applying for a position in which you will drive a vehicle (Company or Personal) in connection with your employment]

Do you have a current valid driver's license?      Yes       No

If Yes, License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your license ever been suspended or revoked?    Yes       No       If Yes, please explain:

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Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NOTICE TO ALL APPLICANTS:**

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.