

EMPLOYMENT APPLICATION

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|---|--|
| Geo-Solutions, Inc. is an equal opportunity and affirmative action employer that supports and promotes equal opportunity. Discrimination or harassment on the basis of race, color, religion, national origin, or other protected status is prohibited. | APPLICATION DATE (Month/Day/Year) / / |
| | POSITION YOUR APPLYING FOR: |

GENERAL APPLICANT DATA

| | | | |
|---|-----------------------------------|-----------------|------|
| HOW WERE YOU REFERRED TO US? | | | |
| FULL NAME: | | | |
| ADDRESS: | CITY: | STATE: | ZIP: |
| PHONE: () ____ - ____ | PHONE (OTHER): () ____ - ____ | EMAIL: | |
| DATE AVAILABLE TO START: / / | SOCIAL SECURITY #: | DESIRED SALARY: | |
| If you are under 18 and we require a work permit, can you furnish one? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain: | | | |
| Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when: | | | |
| Are you legally allowed to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a valid passport? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, are you eligible for a passport? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Type of employment desired ___ FULL-TIME ___ PART-TIME ___ TEMPORARY ___ SEASONAL | | | |
| Have you ever pleaded "guilty", "no contest", or been convicted of a felony crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes*, give dates and details: | | | |
| *Answering "yes" to this question does not constitute an automatic rejection for employment. Date of the offense, seriousness, and nature of the violation, rehabilitation, and position applied for will be considered. | | | |

EXPERIENCE

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|--|
| Please summarize your special skills and qualifications: _____ _____ _____ _____ |
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PREVIOUS EMPLOYMENT

| | | | |
|--|-------------|--------------------------|-----------------|
| Dates of Employment | Start: / / | Finish: / / | Positions Held: |
| Firm: | Address: | | |
| Phone: () - | Supervisor: | | Title |
| Responsibilities: _____ | | | |
| Starting Salary and Title: | | Ending Salary and Title: | |
| Reason(s) for leaving: _____ | | | |
| May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

| | | | |
|--|-------------|--------------------------|-----------------|
| Dates of Employment | Start: / / | Finish: / / | Positions Held: |
| Firm: | Address: | | |
| Phone: () - | Supervisor: | | Title |
| Responsibilities: _____ | | | |
| Starting Salary and Title: | | Ending Salary and Title: | |
| Reason(s) for leaving: _____ | | | |
| May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

| | | | |
|--|-------------|--------------------------|-----------------|
| Dates of Employment | Start: / / | Finish: / / | Positions Held: |
| Firm: | Address: | | |
| Phone: () - | Supervisor: | | Title |
| Responsibilities: _____ _____ | | | |
| Starting Salary and Title: | | Ending Salary and Title: | |
| Reason(s) for leaving: _____ _____ | | | |
| May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

REFERENCES

Please list a minimum of two references and their contact information.

REFERENCE _____ TELEPHONE () _____ - _____ EMAIL _____

REFERENCE _____ TELEPHONE () _____ - _____ EMAIL _____

REFERENCE _____ TELEPHONE () _____ - _____ EMAIL _____

REFERENCE _____ TELEPHONE () _____ - _____ EMAIL _____

EDUCATION

Please check the box next to the highest level of education that you have completed.

- Primary School
- Some Secondary School
- High School
- Associate's Degree Institution _____ Degree _____
- Bachelor's Degree Institution _____ Degree _____
- Master's Degree Institution _____ Degree _____
- Doctorate Institution _____ Degree _____

TRAINING

Please check the box next to the training you have completed.

- OSHA 40 hr HAZWOPER
- OSHA 8 hr HAZWOPER Refresher Are you current on the Refresher? YES NO
- OSHA 8 hr HAZWOPER Supervisor (Initial)
- OSHA 8 hr HAZWOPER Supervisor (Refresher) Are you current on the Refresher? YES NO
- Additional Hazardous Waste Training: _____

- OSHA 30 hr General Construction
- OSHA 10 hr General Construction
- Forklift Operations and Safety Training
- First Aid / CPR Training
- Additional Training: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____