

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. Provide only requested information. Failure to do so may result in disqualification of your application.
6. Completion of this application does NOT create a legal employment agreement between applicant and GeoStructures, Inc.

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. Additional testing of job-related skills and for the presence of drugs in your body are required prior to 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 for DOT Testing.

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 sincerely held moral and ethical beliefs, (WI) religious beliefs and practices (All other States)

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 GeoStructures, 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. Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged, or erased by the court, or, if in California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently working for this employer?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, may we contact?	
				PHONE () FAX ()
COMPANY NAME _____	CITY _____	STATE _____		
FROM _____ TO _____	JOB TITLE _____	SUPERVISOR NAME _____		
DATES EMPLOYED _____				
DUTIES _____				
SALARY _____ PER _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____				

SECOND MOST RECENT EMPLOYER				
				PHONE () FAX ()
COMPANY NAME _____	CITY _____	STATE _____		
FROM _____ TO _____	JOB TITLE _____	SUPERVISOR NAME _____		
DATES EMPLOYED _____				
DUTIES _____				
SALARY _____ PER _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____				

THIRD MOST RECENT EMPLOYER				
				PHONE () FAX ()
COMPANY NAME _____	CITY _____	STATE _____		
FROM _____ TO _____	JOB TITLE _____	SUPERVISOR NAME _____		
DATES EMPLOYED _____				
DUTIES _____				
SALARY _____ PER _____ (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 _____
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PHYSICAL QUALIFICATIONS

In order to determine your fitness for site work, please answer by selecting either Yes or No for the following questions:

Can you perform repetitive hand and wrist motions with or without reasonable accommodation? Yes No

Can you bend over, kneel and straighten up repetitively with or without reasonable accommodation? Yes No

Can you distinguish between red and green colors? Yes No

If you are offered a position with GeoStructures, Inc., are you willing to take a physical examination to determine that you are able to perform the essential functions of the position? Yes No

Do you have any physical conditions, impairments or restrictions (allergies, pacemaker, etc.) that should be made known to GeoStructures, Inc. so that reasonable accommodations can be made (If Yes, please list: _____)

A REASONABLE ACCOMMODATION IS DEFINED AS CHANGING THE JOB, EMPLOYMENT PRACTICE OR WORK ENVIRONMENT SO THAT A PERSON WITH A DISABILITY CAN PERFORM THE FUNCTION.

GEOSTRUCTURES WILL ATTEMPT TO MAKE A REASONABLE ACCOMMODATION FOR ANY DISABILITIES, BUT NO ACCOMMODATION CAN BE PROVIDED WHERE A DISABILITY OR IMPAIRMENT MAY RENDER YOU A DANGER TO THE SAFETY OF YOURSELF OR OTHERS WORKING AT THE JOB SITE.

Applicant's Statement

I certify that answers given herein are true and complete. In the event of employment, I understand that false or misleading information given in my application or interview(s) will be considered sufficient cause for dismissal. I understand, also, that I am required to abide by all rules and regulations of the employer.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize GeoStructures, Inc. or its agents to make an investigation of my employment and personal history through any investigative or credit agencies of its choice.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this is "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

As company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the reports(s) ordered, Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, 800/367-5933.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by GeoStructures, Inc. or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: Male Female

Race: Asian Black Hispanic White Other

Drivers License Number State Issuing License

Name as it appears on license

Signature Today's Date

IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade and pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My commission expires

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!