

**APPLICATION FOR EMPLOYMENT**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran status, genetics, sexual orientation, or the presence of a non-job-related medical condition or handicap.

**Personal Information:**

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

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

E-mail Address: \_\_\_\_\_

Present Address: \_\_\_\_\_  
CITY STATE ZIP TELEPHONE

Permanent Address: \_\_\_\_\_  
CITY STATE ZIP TELEPHONE

Position(s) Applied For: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Are you Currently Employed:  Yes  No

If So, May We Contact Your Employer:  Yes  No

Name of Current Employer: \_\_\_\_\_

Have You Filed an Application Here Before:  Yes  No

If So, When: \_\_\_\_\_

**Education:**

	<i>Name &amp; Location of School</i>	<i>Check Last Year Completed</i>	<i>Did You Graduate?</i>	<i>Subject Studied &amp; Degree(s) Received</i>
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Subjects of Special Study or Research Work: \_\_\_\_\_

Hobbies and/or Special Interests: \_\_\_\_\_

Do You Fluently Speak any Foreign Languages:  Yes  No If Yes, What Languages: \_\_\_\_\_

Are you able to repeatedly lift 50 pounds: Yes No

**Special Skills and Qualifications:**

Summarize Special Skills and Qualifications Acquired From Employment or Other Experience: \_\_\_\_\_

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**Employment History:**

**Complete this section in full, starting with your present or most recent job. Please do not state "See Attached Resume" in this section. Include military service assignments and volunteer activities.**

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title : \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Hourly Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title : \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Hourly Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title : \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Hourly Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**References:**

**Give the names of three persons not related to you, with whom you have worked for at least one year. Providing this information means that you give this organization permission to contact the references listed.**

Name	City, State, Zip	Daytime Phone #	Business Name	Years Acquainted

Referral Source:  Advertisement  Friend  Relative  Walk-in  Employment Agency  Other: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Have you ever been convicted of a crime (other than a traffic violation)? Conviction will not necessarily disqualify you  Yes  No  
from employment.  
If yes, please explain: \_\_\_\_\_

**All Employment Positions at GeoSource, L.L.C. Require a Valid Driver's License**

Have you ever been ticketed for a moving traffic violation?  Yes  No  
If yes, please list approximate date(s) and miles over the speed limit for each ticket: \_\_\_\_\_

If you have received any other driving related tickets, please explain the nature and approximate dates for each: \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended, to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application, or interview(s), may result in immediate discharge. I also understand that if employed, I am required to abide by all rules and regulations of the company.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print or Type

Signature: \_\_\_\_\_

**Please return completed application, and any related correspondence, to:**

**Mail to: Recruiter, 1605 SW 41<sup>st</sup> Street,  
Topeka, Kansas 66609**

**Administrative Use Only:**

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Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Employment: \_\_\_\_\_  Full-Time  Part-Time

Job Title: \_\_\_\_\_

Staff I.D. Number: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

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