

GEOMARKS LAND SURVEYORS, INC.

8408 E. Colonial Dr., Orlando, FL 32817
Phone: (407) 736-1697; Fax: (407) 275-5275

An Equal Opportunity Employer

Please answer all questions in your own handwriting. To be considered for employment, all requested information must be completed. If a question does not apply mark "N/A".	OFFICE USE ONLY
In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.	Employee No.: _____ Date Started: _____ Job Classification: _____ Hourly Rate: _____

Date: _____, 20 ____

Name: _____
Last First M.I.

Social Security Number: _____ Phone Number: (____) _____

Address: _____
Street City State Zip

In case of emergency, notify _____ Phone Number: (____) _____
Name

Address: _____
Street City State Zip

Desired Position: _____ Desired Salary: _____

What date would you be available for work? _____, 20 ____

Are you currently employed? Yes No If so, may we inquire of employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Will you work overtime if asked? Yes No Can you travel if the job requires it? Yes No

Is there any day of the week you could not work? Yes No If so, what day? _____

Do you have the legal right to work in the United States? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

How did you learn about us?

Advertisement Friend Relative Supervisor Internet Other _____

Education: High School College Grad. School

Last School Attended: _____
Name City State

Graduate (Year): _____ Field of Study: _____

Special Training/Skills: _____

EMPLOYMENT HISTORY

1. List employment for at least last three years. All time must be accounted for – explain any gaps in employment (us additional sheets if necessary).
 2. If former employer is out of business, furnish name and phone number or address of person who can verify your employment.
 3. If self-employed, furnish name, phone number or address of a non-relative who can verify employment.
- Note: Incomplete information or inability to verify information may affect furthers processing of your application.

Present or Most Recent Employer	From: _____ To: _____ Phone No: _____ _____	Starting Salary: _____ Ending Salary: _____	Positions held and duties performed: _____ Reason for Leaving: _____ Supervisor: _____
<i>Name: _____</i> <i>Address: _____</i> <i>City: _____</i> <i>State, Zip: _____</i>			
Previous Employer	From: _____ To: _____ Phone No: _____ _____	Starting Salary: _____ Ending Salary: _____	Positions held and duties performed: _____ Reason for Leaving: _____ Supervisor: _____
<i>Name: _____</i> <i>Address: _____</i> <i>City: _____</i> <i>State, Zip: _____</i>			
Previous Employer	From: _____ To: _____ Phone No: _____ _____	Starting Salary: _____ Ending Salary: _____	Positions held and duties performed: _____ Reason for Leaving: _____ Supervisor: _____
<i>Name: _____</i> <i>Address: _____</i> <i>City: _____</i> <i>State, Zip: _____</i>			
Previous Employer	From: _____ To: _____ Phone No: _____ _____	Starting Salary: _____ Ending Salary: _____	Positions held and duties performed: _____ Reason for Leaving: _____ Supervisor: _____
<i>Name: _____</i> <i>Address: _____</i> <i>City: _____</i> <i>State, Zip: _____</i>			

REFERENCES:

Give the names, addresses and phone numbers of at least two (2) persons not living with you that you are not employed by, whom you have known at least one year.

Name: _____ Address: _____ Phone No: (____) _____

Name: _____ Address: _____ Phone No: (____) _____

Name: _____ Address: _____ Phone No: (____) _____

IMPORTANT – PLEASE READ CAREFULLY AND SIGN BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by and authorized company representative.

Date: _____

Signature: _____