



COLUMBUS
Corporate Office
 Phone: 614-272-4337
 Fax: 614-351-8912

DAYTON
 Phone: 937-965-4006
 Fax: 937-965-4012

SPRINGFIELD
 Phone: 937-324-4848
 Fax: 937-324-4849

NEWARK
 Phone: 740-345-8185
 Fax: 740-345-6743

APPLICATION FOR EMPLOYMENT

Personal Information:

- **Full Name:** _____
- **Address:** _____
- **City:** _____ **State:** _____ **ZIP:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Social Security Number:** _____ (Optional)
- **Are you legally eligible for employment in the United States?**
 Yes No
- **Are you at least 18 years of age?**
 Yes No (If under 18, a work permit may be required.)

Employment Desired:

- **Position Applied For:** _____
- **Date Available to Start Work:** _____
- **Desired Salary:** _____
- **Are you available to work:**
 Full-Time Part-Time Temporary Shift Work Overtime
- **Have you ever worked for this company before?**
 Yes No
 If yes, when? _____

Education History:

| School Name | Location (City, State) | Years Attended | Degree/Diploma | Major/Field of Study |
|--------------------|------------------------|----------------|----------------|----------------------|
| High School | | | | |
| College/University | | | | |
| Trade/Technical | | | | |
| | | | | |

General Information:

- **Have you ever been convicted of a felony?**
 Yes No
 If yes, please explain: _____
 (Convictions will not necessarily disqualify you from employment.)



- **Do you have a valid driver's license?**

Yes No

License Number: _____

- State of Issue: _____

Expiration Date: _____

Former Employers: Please list your last three employers, starting with the most recent.

| Employer Name | Phone Number | Position Held | Dates of Employment | Reason for Leaving |
|---------------|--------------|---------------|---------------------|--------------------|
| | | | From: ____ To: ____ | |
| | | | From: ____ To: ____ | |
| | | | From: ____ To: ____ | |

References: Please provide three professional references.

| Name | Relationship | Phone Number | Email Address | Years Known |
|------|--------------|--------------|---------------|-------------|
| | | | | |
| | | | | |
| | | | | |

Remarks: Please provide any additional information you believe is relevant to your application:

Authorization:

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any false information or omissions may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application.

I understand and agree that employment is at-will, which means that either I or the company can terminate the employment relationship at any time, with or without cause or notice.

Signature: _____ **Date:** _____

Geer Gas Corporation is an equal opportunity employer and does not discriminate based on race, color, religion, sex, national origin, age, disability, or any other legally protected status