

# GeoFurnace Mfg. Employment Application Form

**Please Print All  
Information Requested  
Except Signature**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-4.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long at present address \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Day Time Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_

and salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work

No Pref \_\_\_\_\_ Thur \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Are you able to work more then 40 hours per week? \_\_\_ Yes \_\_\_ No

Can you work Weekends if needed? \_\_\_ Yes \_\_\_ No

Are you able to do overnight travel? \_\_\_ Yes \_\_\_ No

Employment desired \_\_\_ FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_ FULL- OR PART-TIME

When available to start? \_\_\_\_\_

Type of School	Name of School	Location; address, state	Years Completed	Major & degree
High School				
College				
Bus. Or School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ NO \_\_\_ YES

If yes, explain number of convictions(s), nature of offense(s), leading to conviction(s), how recently such offence(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_

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**Work Experience** Please list your experience for the **past five years** beginning with your recent job held.  
If you were self-employed, give firm name. **Attach additional sheet if necessary.**

Name of employer: Address: City, State, Zip Code:	Name of last supervisor	Employment dates	Pay or Salary
Phone number:		From: To:	Start: Final:
Your last job title:			
Reason for leaving (be specific)			
List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: Address: City, State, Zip Code:	Name of last supervisor	Employment dates	Pay or Salary
Phone number:		From: To:	Start: Final:
Your last job title:			
Reason for leaving (be specific)			
List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Do you have computer skills? \_\_\_ Yes \_\_\_ No      If yes, Excel \_\_\_ Yes \_\_\_ No,      AutoCad \_\_\_ Yes \_\_\_ No

Do you have high or low voltage electrical knowledge? \_\_\_ Yes \_\_\_ No, If yes list \_\_\_\_\_

Do you have refrigeration knowledge? \_\_\_ Yes \_\_\_ No,      Do you have any HVAC knowledge? \_\_\_ Yes \_\_\_ No

Please list any licenses or certifications you maintain? \_\_\_\_\_

May we contact your present employer? \_\_\_ Yes \_\_\_ No

Did you complete this application your self? \_\_\_ Yes \_\_\_ No

If not, who did? \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_

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**Military**

**Have you ever been in the Armed Forces?** \_\_\_ Yes \_\_\_ No.

**Are you now a member of the National Guard?** \_\_\_ Yes \_\_\_ No.

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**DO YOU HAVE A DRIVER'S LICENSE?** \_\_\_ YES \_\_\_ NO State Issued \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

Drivers License number \_\_\_\_\_, CDL \_\_\_ Yes \_\_\_ No. Expiration Date \_\_\_\_\_

Have you had any accidents during the past three years? \_\_\_ Yes \_\_\_ No, How many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_ Yes \_\_\_ No. How many? \_\_\_\_\_

Do you have fork lift operating experience? \_\_\_ Yes \_\_\_ No

Do you desire to learn fork lift operation? \_\_\_ Yes \_\_\_ No

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

**Office Applicants Only**

Personal Computer \_\_\_ Yes \_\_\_ No, if Yes \_\_\_ PC \_\_\_ Mac, Typing \_\_\_ Yes \_\_\_ No

Word Processing \_\_\_ Yes \_\_\_ No, Excel \_\_\_ Yes \_\_\_ No WPM \_\_\_ Yes \_\_\_ No

Other Skills \_\_\_\_\_

Return application to GeoFurnace Mfg office located at 605 4<sup>th</sup> Street, De Smet, SD 57231, or mail to PO Box 479

**Applicants Signature:** \_\_\_\_\_