



Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Birth date:
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

CDL Yes or No	
Hazmat Yes or No	
Oilfield Experience Yes or No	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



BACKGROUND INVESTIGATION AUTHORIZATION

The information requested below is for the sole purpose of conducting a background investigation which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for employment. It is GeoChemicals, LLC's policy to evaluate any adverse information obtained in the background investigation based upon a range of factors including, but not limited to, employment history and time, nature and job-relatedness of the offense. This form along with the final report will be placed in a separate file and will not be made a part of your personnel file should you be hired.

This information will be used for purposes of identification and pre-employment only and will not be used for discriminatory purposes. Federal law prohibits discrimination in employment on the basis of age, race, color, creed, religion, sexual orientation, disability, or national origin. Many states also prohibit some or all of the above types of discrimination and may also include marital status or other categories.

_____ NAME (PLEASE PRINT)	_____ MAIDEN NAME(S) NICKNAME(S), OR OTHER NAME(S) USED
ADDRESS (for the last three years (street/city/county/state/years from-to):	_____ SOCIAL SECURITY NUMBER
1. _____	_____ DRIVER'S LICENSE NUMBER----STATE
2. _____	_____ ISSUING DATE
3. _____	IS YOUR DRIVERS LICENSE VALID? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please give details.
_____ Date of Birth	_____
Circle One: Male / Female	_____



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("GeoChemicals") may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by DISA Global Solutions Inc., 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 800-752-6432, www.DISA.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Printed Name: _____

Signature: _____ Date: _____

APPLICANT MUST COMPLETE

(ANSWER ALL QUESTIONS - PLEASE PRINT)

ACCIDENT RECORD

PROVIDE THE FOLLOWING INFORMATION FOR ANY ACCIDENT YOU WERE INVOLVED IN DURING THE PRECEDING 3 YEARS (IF NONE, WRITE, NONE)

DATES (Month/Year)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN)	FATALITIES	INJURIES	TOWED AWAY
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS

PROVIDE THE FOLLOWING INFORMATION FOR ALL MOTOR VEHICLE VIOLATIONS FOR WHICH YOU WERE CONVICTED OR PLED GUILTY TO DURING THE PRECEDING 3 YEARS (DO NOT INCLUDE PARKING TICKETS) - (IF NONE, WRITE, NONE)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS - DRIVER (ATTACH SHEET IF MORE SPACE IS NEEDED)

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER LICENSES				

Have you ever been denied a license, permit or privilege to operate a motor vehicle? NO: _____ YES: _____.

Has any license, permit or privilege ever been suspended or revoked? NO: _____ YES: _____

IF THE ANSWER TO EITHER QUESTION IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE - Check Yes or No

CLASS OF EQUIPMENT	LIST TYPE OF EQUIPMENT	DATES FROM (m/y) TO (m/y)	APPROX NO. OF MILES (Total)
Pick-up Truck YES: _____ NO: _____			
Pick-up Truck & Trailer YES: _____ NO: _____			
Passenger Vehicle YES: _____ NO: _____			
Passenger Van/Bus YES: _____ NO: _____ More than 8 passengers / More than 15 passengers			
OTHER's YES: _____ NO: _____			

DRUG AND ALCOHOL INFORMATION

In the previous three (3) years have you:

1. Violated any states Alcohol and Controlled Substance prohibition while operating a motor vehicle? NO: _____ YES: _____

2. Failed to undertake, complete a rehabilitation program as prescribed by a court law ? NO: _____ YES: _____

3. CHECK ALL THAT APPLY:

I had an alcohol test result of 0.04 or higher? NO: _____ YES: _____ N/A: _____

I had a Verified Positive Drug Test? NO: _____ YES: _____ N/A: _____

I refused to test (including verified adulterated or substituted drug test result)? NO: _____ YES: _____ N/A: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT	
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the last 12 months.

(If you have had no violations, check the following box - None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY COMPANY SAFETY TEAM - ANNUAL REVIEW OF DRIVING RECORD

I have hereby reviewed the driving record of the above named driver in accordance with the underwrite policy and find that he/ she (check one):

- Meets minimum requirements for safe driving
 Is disqualified to drive a motor vehicle pursuant to GeoChemicals Policy
 Does not adequately meet satisfactory safe driving performance

Action taken with driver _____

Reviewed by: _____ Date _____
 Signature _____
 Printed Name _____ Title _____

GeoChemicals LLC _____ 517 E. 30th Hutchinson, KS 67501
 Company Name _____ Company Address _____



Acknowledgment of Drug Free Workplace Policy

I hereby acknowledge that I have received, read, and understand my Company's Drug-Free Workplace Program Policy required by Department of Transportation (DOT) regulations

I understand that:

1. I am subject to and must adhere to the DOT regulations, and must abide by the terms of the Company's Policy as a condition of employment with GeoChemicals LLC
2. I may be required to submit to drug and/or alcohol tests based on Department of Transportation regulations as directed by the Company
3. Laboratory test results will be released in accordance with the Policy and based on Department of Transportation regulations to the Medical Review Officer (MRO) selected by GeoChemicals LLC and I authorize the release of the results of a saliva or breath alcohol test by a certified technician to GeoChemicals LLC.
4. The Company's policy on drugs and/or alcohol and understand failure to comply is grounds for disciplinary action, up to and including termination, in addition to any action required by DOT regulations; and
5. Refusal to submit to a drug and/or alcohol test in accordance with the Policy is a violation of DOT regulations and the Policy and may result in disciplinary action, including but not limited to suspension (with or without pay) or termination of employment, in addition to any action required by DOT regulations, or GeoChemicals LLC policy.
6. I understand that if my drug and/or alcohol test is verified/confirmed as positive if it is determined that there has been any interference with the collection or testing process (including adulteration and/or switching specimens) or if I refuse to submit to the required pre-employment drug and/or alcohol test, I will be considered unqualified for employment in a safety-sensitive position by the Company.

THE UNDERSIGNED STATES THAT THEY HAVE READ THE ABOVE STATEMENTS, ACKNOWLEDGEMENT, AND UNDERSTAND THE CONTENTS THEREOF.

Employee Name: _____ Date: _____

Employee Driver License Number: _____ State: _____

Employee Signature: _____

Company Name: GeoChemicals LLC

Applicant Authorization to Release DOT Drug/Alcohol Test Results

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant/Employee: _____

Current Employer: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

I understand that as a condition of hire with the above named "Company", that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Check boxes if applicable

I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.

I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

I hereby authorize the following previous employer / company to furnish the DOT information requested in section 2 below.

Previous Employer: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contact: _____ Dates of Employment: _____ to _____

(Complete additional form for each previous DOT employer)

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to the Company listed above. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if later discovered after my employment with the Company begins.

Signature of Applicant

EMP ID

Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following:

YES NO

1. Any DOT alcohol test results of 0.04 or greater?
2. Any DOT positive drug test results?
3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results)
4. Other violations of DOT drug and alcohol testing regulations?
5. Did a previous employer report a drug / alcohol rule violation to you?
6. If "yes" for any of the above items, did the employee complete the return-to-duty process?*
7. Was the Applicant/Employee employed by you but NOT subject to DOT regulations?

*Note: If "yes" for item 5, you must provide the previous employer's report. If you answered "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of Person Completing Form

Title

Phone

Date