

Application for Employment

The GEL Group, Inc.
P.O. Box 30712
Charleston, S.C. 29417

GEL Laboratories, LLC GEL Engineering, LLC
 GEL Geophysics, LLC

GEL IS A DRUG-FREE AND SMOKE-FREE WORKPLACE. I understand that as a condition of employment, I will be required to undergo and successfully pass a drug screening. I hereby consent to having the results of such drug screening be disclosed to GEL. Unless otherwise defined by applicable law, any employment relationship with GEL is of an "at will" nature, which means that I may resign at any time and GEL may discharge me at any time with or without cause. This "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive at GEL.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of GEL. We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, age, gender, disability, marital status, veteran status, or any other legally protected status. Information provided on this application will not be used for any discriminatory purpose.

Applicant's Statement

I hereby certify that the answers to be given herein will be true and correct 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.

Date _____	Signature _____
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(PLEASE PRINT IN INK OR TYPE)

Last Name	First Name	Middle Name
Address		
Street	City	State Zip Code
Telephone Number	Social Security Number (optional)	
Home	Work/Cell:	
Email Address:		

Position Applied For:	Date Of Application
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Are You Available To Work:
Full Time Part Time Shift Work Weekends Temporary

How did you hear about this position?
Advertisement Employment Agency Friend Walk-In Relative School/College Other _____
Do you have any family or friends that work at GEL? _____
Name(s): _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other Specify				

Indicate any foreign languages you can speak, read, and/or write				
Speak			fluent	good fair
Read			fluent	good fair
Write			fluent	good fair

List professional, trade, business or civic activities and offices held
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Describe any job-related training received in the Military Service or Volunteer Activities

Specialized Skills (Check Skills/Equipment Operated)	
Typing (words per minute: _____) Dictation (words per minute: _____) CRT Fax Calculator Computer (Hardware ____ Software ____) Other _____	Types of Production/Mobile Machinery and years of experience

EMPLOYMENT EXPERIENCE

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number		Salary Starting Final		
Job Title	Supervisor			
Reason For Leaving				

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Address				
Telephone Number		Salary Starting Final		
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Address				
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Address				
Telephone Number		Salary Starting Final		
Job Title	Supervisor			
Reason For Leaving				

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application

REFERENCES REQUIRED

(2 BUSINESS – 1 PERSONAL)

Name	Address	Years Known	Telephone Number
Business:			
Business:			
Personal:			

Wage Or Salary Required \$ _____

A safe work environment is a prime value of The GEL Group, Inc. The following background and motor vehicle record information is required as our commitment to this value.

CRIMINAL BACKGROUND

Have you ever pleaded guilty to, “no contest” to, or been convicted of a crime other than a minor traffic violation? Yes No

If “yes” please state citation date and place where offense occurred. *A conviction does not necessarily disqualify you for the position for which you are applying.*

DRIVING INFORMATION:

Do you have a current driver's license?	Yes	No
Class: _____		
State: _____		
License. Number:(optional) _____		
Expiration Date:(optional) _____		
Has your driver's license ever been suspended or revoked?	Yes	No
If yes, please explain circumstances: _____		
Please list all moving traffic violations in the past five (5) years:		
Offense	Date	Location
Offense	Date	Location
Offense	Date	Location
Offense	Date	Location

Have you ever filed an application with us before?	Yes	No
If you are under 18 years of age, can you furnish a work permit?	Yes	No
If yes, give date _____		
Have you ever been employed with us before?	Yes	No
If yes, give date _____		
Are you currently employed?	Yes	No
May we contact your current employer?	Yes	No
Are you currently on lay-off status and subject to recall?	Yes	No
On what date would you be available for work? _____		
Will you relocate if the job requires it?	Yes	No
Can you travel if the job requires it?	Yes	No
Are you able to work overtime if required?	Yes	No

THE GEL GROUP, INC.

Voluntary Affirmative Action Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. Submission of this information by you is voluntary. Your cooperation is appreciated. Please be advised that this survey is not a part of your application for employment. It is considered confidential information that will not be used in any hiring decision.

As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified veterans and veterans of the Vietnam Era, and qualified disabled individuals.

We as an employer wish to voluntarily comply with various laws and regulations, which require us to file annual statistical reports on applicants for employment. In addition, we wish to voluntarily comply with the various laws and regulations which protect the disabled veterans and veterans who served on active duty during the Vietnam-era for more than 180 days. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested.

Position applied for: _____

Referral Source:

Advertisement	Employee	Relative	Walk-in	School	Government Employment Agency	Private Employment Agency	Other
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Applicant's Name	(area code) phone number	
Street address		
City	State	ZIP

CIRCLE ONE: Male Female

CIRCLE ONE OF THE FOLLOWING RACE/ETHNIC GROUPS:

Hispanic Black White American Indian or Alaska Native Asian or Pacific Islander

IF YOU WISH TO BE SO IDENTIFIED, CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Veteran Disabled Veteran Disabled Individual

APPLICANTS IDENTIFYING THEMSELVES AS DISABLED

1. Are you a disabled individual or do you have any physical condition or disability which may limit your ability to perform the position(s) for which you apply?
 Yes No
2. If yes, do you possess or can we provide you with any special methods, skills, or procedures which might qualify you for positions you might not otherwise be able to do because of your disability?

You are not required to provide the above information concerning a disability. If you do, it will be kept confidential, with the following exceptions:

1. Supervisors may be informed if accommodation is necessary or if your work duties are restricted.
2. Government representatives may be provided information in compliance with various laws and regulations.

APPLICANTS IDENTIFYING THEMSELVES AS VETERANS

1. Are you a disabled veteran? Yes No
2. Are you a Vietnam-era veteran who served on active duty for more than 180 days during the Vietnam-era? Yes No

SIGNATURE: _____

DATE: _____