



P.O. BOX 7  
 MOKENA, IL 60448  
 OFFICE (815) 277-2737 FAX (815) 277-2736  
[WWW.GEOGROUP1.COM](http://WWW.GEOGROUP1.COM)



**Application for Employment**

**All Statements made by applicants for employment on this application form will be checked for accuracy. We offer equal opportunities to all persons without regard to race, color, religion, age, marital or veteran status, sex, national origin disability or any other legally protected status.**

(Please Print)

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_ Advertisement (where) \_\_\_\_\_

\_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Inquiry \_\_\_\_\_ Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # :(\_\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Best time to contact you at home: \_\_\_\_\_ AM / PM

Are you over the age of eighteen? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are under 18 Years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filled out an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes give dates of employment \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes may we contact your employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in the country because of a Visa or immigration status? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on lay-off status subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Type of employment: \_\_\_\_\_ Full \_\_\_\_\_ Part Time

Date Available to start: \_\_\_\_\_ Last date Available: \_\_\_\_\_

If required, can you work: \_\_\_\_\_ Overtime? \_\_\_\_\_ Irregular hours? \_\_\_\_\_ Irregular work week? \_\_\_\_\_ Weekends?

Education

|                         | Name & Address of School | Course of Study | Years Completed | Diploma / Degree |
|-------------------------|--------------------------|-----------------|-----------------|------------------|
| Elementary School       |                          |                 |                 |                  |
| High School             |                          |                 |                 |                  |
| Undergraduate College   |                          |                 |                 |                  |
| Graduate / Professional |                          |                 |                 |                  |
| Other (specify)         |                          |                 |                 |                  |

| Indicate any foreign languages you can speak, read and / or write |        |      |      |
|---|--------|------|------|
|   | Fluent | Good | Fair |
| Speak   |        |      |      |
| Read  |        |      |      |
| Write   |        |      |      |

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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Describe any job-related training received in the United States Military:

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**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

|                     |                      |       |                |
|---------------------|----------------------|-------|----------------|
| Employer:           | Dates Employed       |       | Work Performed |
|                     | FROM                 | TO    |                |
| Address:            |                      |       |                |
| Telephone Number:   | Hourly Rate / Salary |       |                |
|                     | Starting             | Final |                |
| Job Title:          |                      |       | Supervisor:    |
| Reason for Leaving: |                      |       |                |

|                     |                      |       |                |
|---------------------|----------------------|-------|----------------|
| Employer:           | Dates Employed       |       | Work Performed |
|                     | FROM                 | TO    |                |
| Address:            |                      |       |                |
| Telephone Number:   | Hourly Rate / Salary |       |                |
|                     | Starting             | Final |                |
| Job Title:          |                      |       | Supervisor:    |
| Reason for Leaving: |                      |       |                |

|                     |                      |       |                |
|---------------------|----------------------|-------|----------------|
| Employer:           | Dates Employed       |       | Work Performed |
|                     | FROM                 | TO    |                |
| Address:            |                      |       |                |
| Telephone Number:   | Hourly Rate / Salary |       |                |
|                     | Starting             | Final |                |
| Job Title:          |                      |       | Supervisor:    |
| Reason for Leaving: |                      |       |                |

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.*

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**APPLICANTS STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize The Geo Group 1, LLC to investigate of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that 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 of the organization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

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**REFERENCES:**

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Telephone

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Telephone

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Telephone