

APPLICATION FOR EMPLOYMENT
GLENN MACHINE WORKS, INC.
734 Highway 45 S
Columbus, MS 39701

Name: _____
(First) (Middle) (Maiden Name if Any) (Last)

Address: _____ How Long? _____
(Street) (City) (State and Zip)

Date of Birth _____ Social Sec. No. _____

Phone #: _____

Address for past (3) years (if different from above)

Address: _____ How Long? _____
(Street) (City) (State and Zip)

Address: _____ How Long? _____
(Street) (City) (State and Zip)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENCES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCES

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Vans, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (TOTAL)
		TO	FROM	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - (2) TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST (3) YEARS OR MORE (Attach sheet if more space is needed)

DATES	Nature of Accident (Head-on, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

9/2007

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST (3) YEARS {OTHER THAN PARKING VIOLATIONS}

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

EMPLOYMENT RECORD (Attach sheet if more space is needed)

NOTE: DOT requires that employment for at least (3) years and/or Commercial Driving Experience for the Past 10 Years be shown.

Last Employer Name _____

Address: _____

Position(s) Held _____ From _____ To _____ Salary _____

Reason(s) for Leaving _____

Second Last Employer Name _____

Address: _____

Position(s) Held _____ From _____ To _____ Salary _____

Reason(s) for Leaving _____

Third Last Employer Name _____

Address: _____

Position(s) Held _____ From _____ To _____ Salary _____

Reason(s) for Leaving _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that the 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.

Date

Applicant's Signature

Note: A Motor Carrier may require an applicant to provide in addition to the information required by Motor Carrier Safety Requirements

**REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER(S) ON
ALCOHOL & CONTROLLED SUBSTANCES TESTING**

**RELEASE AND FORWARD ALL INFORMATION TO:
GLENN MACHINE WORKS, INC.
734 Highway 45 South
Columbus, MS 39701
(662) 328-4611**

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Employers must make a good faith to obtain the information required by Title 49, Part 382.413(b).

1. MAIL Date Mailed _____ (do not send original copy) 2. FAX Date Faxed _____

SECTION 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

THE INFORMATION REQUESTED IS REQUIRED BY FEDERAL MOTOR CARRIER REGULATIONS, TITLE 49 CFR PART 40.25(J)

PRINT NAME (First, MI, Last) DATE

APPLICANT'S SIGNATURE

I, the above mentioned signed, hereby authorize that _____

Previous Employer

_____ () _____ **release of the following information.**
Address City, State, Zip Code Telephone Number

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Part 382 testing requirements (did not operate a vehicle which required a commercial drivers' license) while employed, please check here _____ and skip items 1,2,3,4 and 5.

- | | YES | NO |
|--|-------|-------|
| 1. Has this person ever tested positive for a controlled substance in the last two years? | _____ | _____ |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two years? | _____ | _____ |
| 3. Has this person ever refused a required test for drugs or alcohol in the last two years? | _____ | _____ |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | _____ | _____ |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the Employee's successful completion of DOT return-to-duty requirements, including follow-up? | _____ | _____ |

If yes to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for any further reference.

Name: _____ Phone Number: _____

Address: _____ City, State, Zip Code: _____

This section was completed by: _____
Signature Title

REQUEST FOR PREVIOUS EMPLOYMENT HISTORY

Section 1 Prospective Employer:

**GLENN MACHINE WORKS, INC.
734 Highway 45 South
Columbus, MS 39701
(662) 328-4611**

Date Mailed: _____ Date Faxed: _____ Date Telephoned: _____

Section 2 Prospective Employee:

Previous Employer Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

_____ has made application to this company for a position
(Prospective Employee's Name)

as a driver and states that he/she was employed by you as a driver from _____ to _____.

I hereby certify that you are hereby authorized to give Glenn Machine Works all information regarding my services, my character, and conduct while in your employment. You are released from any and all liability which may result from furnishing such information to the above named company.

Prospective Employee's signature: _____

Section 3 Previous Employer:

1. Is the employment record with your company as stated above? _____
2. What type of commercial motor vehicle did the applicant operate?
Straight Truck _____ Truck _____ Motor Coach _____
3. What kind of work did the applicant do? _____
4. Give the dates of vehicle accidents in which he/she was involved. _____
5. Reason for leaving: Discharged _____ Laid off _____ Resigned _____

Remarks: _____

(Signature) (Title) DATE: _____



10051 5th Street North
St. Petersburg, FL 33702
TEL: 800-749 - 9554
FAX: 866-661-2331

(1) PERSONNEL SCREENING QUESTIONNAIRE

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (ZipCode)

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State: _____

PREVIOUS RESIDENCES (PREVIOUS 5 YRS.): **DATES:**

Security: Have you ever been convicted of an offense against the law (other than a minor traffic violation), or are you now under charges for any offense against the law? Yes ___ No ___

Listed Criminal Offenses will not necessarily bar you from employment with **Glenn Machine Works**. If yes, please explain: _____

(2) AUTHORIZATION & GENERAL RELEASE:

I hereby authorize **Glenn Machine Works** and all of their agents (CHOICEPOINT) to request and receive any information and records concerning me, including but not limited to consumer credit, criminal record history, worker's comp., driving, employment, military, civil and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, consumer reporting agencies and other entities, including my present and previous employers.

I further release and discharge **Glenn Machine Works**, all of their agents (CHOICEPOINT) and all of its subsidiaries and affiliates, and every employee or agent of any of them, and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance, or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to ChoicePoint, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I further understand that ChoicePoint's reporting of information pursuant to the Fair Credit Reporting Act is not intended to authorize or condone a prospective employer's request for and reliance upon information for purposes which are not legitimate under the Fair Credit Reporting Act or any federal or state employment laws. I acknowledge that I have voluntarily provided the above information for employment purposes, and I have carefully read and I understand this authorization.

SIGNED: _____ DATE: _____