

Welcome to GlenDi Inc.

**Our company is founded in a tradition of excellence and personal service.
All of our employees are held to the highest standards.
We welcome all applicants and demand that the applications are filled out
completely and truthfully.**

**Please save the pdf document to your computer.
Fill out all necessary information completely.
Save the document as "yourname application"
example "Bob Smith application"
E-mail application to tj@glendiinc.com**

**If you have questions or problems with the application, please contact
TJ Smith at 574-223-2380 or by email tj@glendiinc.com.**

DRIVER'S APPLICATION FOR EMPLOYEMENT

Applicant Name _____ Date of Application _____

Company GlenDi Inc

Address 3015 East 200 North

City Rochester State Indiana Zip 46975

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand I have a right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

I affirm that my typed name signifies my digital signature for all legal purposes in this application.

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTED RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security # _____
LAST FIRST MIDDLE

List your addressed of residency for the past 3 years.

Current Address _____
STREET CITY
STATE ZIP CODE PHONE HOW LONG? _____
yr / mo
Previous Addresses
STREET CITY STATE/ZIP HOW LONG? _____
yr / mo
STREET CITY STATE/ZIP HOW LONG? _____
yr / mo
STREET CITY STATE/ZIP HOW LONG? _____
yr / mo

Do you have the legal right to work in the United States? YES NO

Date of Birth _____ Can you provide proof of age? YES NO

Have you worked for this company before? YES NO Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? YES NO If not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay expected _____

Have you ever been bonded? YES NO Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? YES NO
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?

[as described in the attached job description]? YES NO

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.
Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES NO		
WAS YOUR JOB DESIGNATED AS A SAFETY - SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO		

EMPLOYMENT HISTORY (continued)

EMPLOYER		
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES NO		
WAS YOUR JOB DESIGNATED AS A SAFETY - SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO		
EMPLOYER		
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES NO		
WAS YOUR JOB DESIGNATED AS A SAFETY - SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO		

EMPLOYER		
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES NO		
WAS YOUR JOB DESIGNATED AS A SAFETY - SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO		
EMPLOYER		
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? YES NO		
WAS YOUR JOB DESIGNATED AS A SAFETY - SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO		

*** Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designated to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.**

**** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.**

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking violations) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

A. Have you ever been denied 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, GIVE DETAILS

DRIVING EXPERIENCE CHECK YES or NO

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. # OF MILES (TOTAL)
				FROM (mo/yr)	TO (mo/yr)	
STRAIGHT TRUCK	YES	NO				
TRACTOR AND SEMI-TRAILER	YES	NO				
TRACTOR - TWO TRAILERS	YES	NO				
TRACTOR - THREE TRAILERS	YES	NO				
MOTORCOACH - SCHOOL BUS	YES	NO				
OTHER						

LIST STATE OPERATED IN FOR THE LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVER AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (other than those already shown)

EDUCATION

HIGHEST GRADE COMPLETED: _____ YEARS OF COLLEGE: _____ LAST SCHOOL ATTENDED: _____

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: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **GLENDI INC.** for the purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title X, Sections 300002 (a)).

(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____.
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person has made application with our company for the position of _____.
In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past one year.

NAME OF APPLICANT/DRIVER: _____

EMPLOYMENT DATES FROM (mo/yr) _____ TO (mo/yr) _____

ADDRESS: _____

FORMER ADDRESS: _____

DATE OF BIRTH: _____ SSN _____ LICENSE # _____

REQUESTED BY

GLENDI INC.

3015 EAST 200 NORTH

ROCHESTER, IN 46975

Name _____

Title _____

Signature _____

REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to GlenDi Inc for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature _____ Date _____

Name and Address of Previous Employer:

THIS FORM WAS (CHECK APPROPRIATE BOX)
 Mailed, Date _____
 Faxed, Date _____
 Emailed, Date _____
 Received by Phone, Date _____
Name of Person Contacted _____

Name of Applicant: _____
Social Security Number _____ Date of Birth _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____ and state that he/she was employed by you as _____ from _____ (m/y) to _____ (m/y).

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) _____. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or e-mail.

Prospective Employer: GlenDi Inc Attention: Trevor Smith
Street: 3015 E 200 N City, State, Zip: Rochester, IN 46975
Telephone: 574-223-2380 Fax: 574-223-2381 E-mail: tj@glendiinc.com

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes No
Employed as _____ from (m/y) _____ to (m/y) _____

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here .

Section 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicles for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer
Bus Cargo Tank Doubles/Triples Other (Specify) _____
2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here _____, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Any other remarks:

Signature: _____
Title: _____ Date: _____

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION
SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____
First, M.I., Last _____ Social Security Number _____

hereby authorize: _____ Date of Birth _____
Previous Employer: _____ Email: _____
Street: _____ Phone: _____
City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 2(below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of application).

To:
Prospective Employer: GlenDi Inc.
Attention: Trevor Smith Telephone: 574-223-2380
Street: 3015 E 200 N
City, State, Zip: Rochester, IN 46975

In compliance with 40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.

Prospective employer's confidential fax number: 574-223-2381
Prospective employer's confidential e-mail: tj@glendiinc.com

Applicant's Signature _____ Date _____

This information is being requested in compliance with 40.25 and 391.23

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Section 2, sign, and return.

Driver was subject to Department of Transportation testing requirement from _____ to _____ YES NO

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up test? If yes, please send documentation back with this form.
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: _____
Company: _____
Street: _____
City, State, Zip: _____ Telephone: _____
Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed E-mailed Other Date _____

Complete below when information is obtained:

Information received from: _____
Recorded by: _____ Method: Fax Mail Email Telephone
Date: _____ Other _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with GLENDI INC (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize GLENDI INC (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015