

Employment application instructions

All applications for employment with Glasgow, Inc. must be made as follows:

1. In person – Apply at the corporate offices at the corner of Limekiln Pike and Willow Grove Avenue, Glenside Pa.
2. By mail – Send application and/or resume to Glasgow, Inc., P.O. Box 1089, Glenside Pa. 19038-1089. Clearly mark the envelope “Employment Application. Attention: Rachel R. McCool”.

Please be advised that we are a unionized heavy and highway construction contractor. As such, the overwhelming majority of our heavy and highway construction employees are represented by construction trade unions, especially our operating engineers and laborers, from whom experienced construction workers are referred to our Company as job applicants when we have a need for experienced construction workers on our heavy and highway construction projects. Accordingly, if you are seeking work as a field construction worker, you should consider contacting Operating Engineers Local 542 in Fort Washington, Pennsylvania, or Laborers Local 57 in Philadelphia, Pennsylvania.

Attention: Rachel R. McCool

Job Location _____

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Date: _____

Name: _____ S.S. # _____

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone No: _____ Are you 18 years or older? Yes ___ no ___
Date of birth ____/____/____
(Required for truck drivers only)

Email : _____
(required)

EMPLOYMENT DESIRED

Date you can start: _____
If not, how long since leaving last employment? _____

Position: _____

Are you employed now? _____

Ever applied to:
This company before? _____ If so, when? _____ Where? _____

	<u>Name and location of school</u>	<u>No of years attended</u>	<u>Did you graduate?</u>
<u>EDUCATION</u>			
Grammar	_____		
High School	_____		
College	_____		
Trade of Business	_____		

GENERAL

Subject of special study of research work: _____
Military or Naval Service _____
Present Membership in National Guard or Reserves _____

FORMER EMPLOYERS

(List last four, starting with last one).

All driver applications to driving interstate commerce must provide the following information on all employers during the preceding 3 years.

Applications to drive a commercial 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.)

<u>Date/Month and Year</u>	<u>Name/Address of Employer</u>	<u>Name of Supervisor</u>	<u>Salary</u>	<u>Position</u>	<u>Reason for Leaving</u>
From To _____					
From To _____					
From To _____					
From To _____					

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

In Case of
Emergency Notify: _____
Name Address

Phone: _____

If required by Company Policy, would you be willing to take a physical/drug exam? YES ____ NO ____

DRIVER’S LICENSE DATA – MUST BE COMPLETED BY ALL APPLICANTS

	State	License No.	Type	Expiration Date
Unexpired Driver				
Licenses				

THIS SECTION MUST BE COMPLETED BY ALL DRIVER APPLICANTS

MEDICAL HISTORY

This Company requires driver applicants to take and pass the medical examination as is set forth in Section 391.41, et seq., of the Federal Motor Carrier Safety Regulations. Are you willing to take this physical/drug exam?

Do you have any condition which you believe may limit your ability to perform truck driver job for which you are applying? _____

If yes, what do you believe could be done to accommodate your limitation(s)? _____
(Please attach statement if needed)

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			

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

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS – DRIVER

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 to revoked? YES ___ NO ___

If the answer to either A or B is yes, attach statement-giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of equipment (van, truck, flat, etc)	Dates		Aprox. No of Miles Total
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Tractor – Two Trailers				
Other				

List states operated in for last five years: _____

Show special courses or training that will help you as a driver _____

Which special driving 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).

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by Law.

Date

Applicant's signature

VOLUNTARY
ADDITIONAL APPLICANT DATA

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. It is solely to help us comply with government record keeping, reporting and other legal requirements, we request that you also fill out this tear-off sheet.

This data is for periodic government reporting and will be kept in a confidential file separate from you Application for Employment, YOUR COOPERATION IS VOLUNTARY.

PLEASE PRINT

Name _____ Phone _____
Last First Middle Area code

Address _____
Number Street City State Zip code

Date _____

Position(s) Applied for _____

Referral Source: ___ Advertisement ___ Friend ___ Relative ___ Walk in
 ___ Employment Agency ___ Other _____
 ___ Newspaper (List Publication) _____

Check one: ___ Male ___ Female

Check one: ___ White ___ Black ___ Hispanic
 ___ American Indian/Alaskan Native ___ Asian/Pacific Islander
 ___ Two or more races

Check if any of the following are applicable:
 ___ Vietnam Era Veteran ___ Disabled Veteran ___ Other Disable Individual

AFFIRMATIVE ACTION DISABILITY INQUIRY

(1) This employer is a government contractor subject to section 503 of the Rehabilitation Act of 1973, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals. If you have such a handicap and would like to be considered under the affirmative action program, please tell us. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of handicapped individuals, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) government officials investigation compliance with the Act shall be informed.

Please write any response you choose to provide in the spaces below:

AFFIRMATIVE ACTION DISABILITY INQUIRY, CONT.

(2) If you are handicapped, we would like to include you under the affirmative action program. It would assist us if you tell us about (a) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your handicap, so that you will be considered for any positions of that kind, and (b) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations.

Please write any response you choose to provide in the spaces below:

2 (a) _____

2(b) _____

CDL HOLDERS ONLY:

Consent for Limited & Full Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to **Glasgow, Inc.** to conduct the following Limited Query(s) of The FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation exists for:

- a) Pre-employment - Limited Query
- b) Current Employees - Annual Limited Query, with consent for an unlimited number of Limited Queries, for the duration of employment.

I understand that if the limited query conducted by **Glasgow, Inc.** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **Glasgow, Inc.** without first obtaining additional specific consent from me. In the event that information about me exists, a full query will need to be conducted. In addition to my *electronic* consent provided to FMCSA, I understand and provide additional specific, *written* consent for **Glasgow, Inc.** to conduct a full query on the existing drug or alcohol violation information.

I further understand that if I refuse to provide consent for **Glasgow, Inc.** to conduct a limited and/or full query of the Clearinghouse, **Glasgow, Inc.** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program. In addition, I understand that without my consent, **Glasgow, Inc.** has the right to end the hiring process immediately and for current employees, they will be prohibited from driving a CDL vehicle until providing consent.

Signature

Print Name

Date

If you have not already created an account with the Clearinghouse or have any questions, please go to <https://clearinghouse.fmcsa.dot.gov/>

CERTIFICATION

I certify that the information in this application is true and understand that misrepresentations or false or omitted facts may result in my termination, regardless of the time of discovery by the company. I also understand that, if hired, my employment is for no definite period and may be terminated at any time without written notice and that, absent a written contract signed by the President of the Company. I will remain an at-will employee and can be terminated at any time without any notice. I authorize investigation of the statements contained herein now and for the duration of my employment. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information such references may have, personal or otherwise, including criminal records, driving records and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that if the company decides to engage an investigative consumer reporting agency to report on my credit and personal history, the company will provide me, at my request, with the name and address of the agency so that I can obtain from them the nature and substance of the information contained in the report.

Date: _____ Signature _____

Social Security No.: _____ Print Name: _____

Driver's License No.: _____ State: _____
