

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, or non-job related disability.

**INSTRUCTIONS:** This form consists of five sections, identified as 1, 2, 3, 4 and 5. All individuals applying for a position with Gly-Tech Services must complete sections 1, 2, 3, and 5. Individuals applying for driver positions must also complete section 4.

**Section 1**

Position(s) Applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI. Other Name

Address \_\_\_\_\_

City / State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_

**Addresses For The Past Three Years**

Street \_\_\_\_\_ City \_\_\_\_\_ State & ZIP \_\_\_\_\_ How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & ZIP \_\_\_\_\_ How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & ZIP \_\_\_\_\_ How Long? \_\_\_\_\_

Are you at least 18 years 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 \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_  
Name Relationship Phone

**Section 2**

**Education**

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended \_\_\_\_\_  
Name City

What other training have you completed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3**

**Employment History**

All applicants must provide the following information on all employers during the preceding 3 years.

**Applicants to drive a commercial motor vehicle must provide information on all employers during the preceding 10 years on those employers for whom the applicant operated a commercial motor vehicle.** A commercial motor vehicle includes vehicles having a GVWR of 10,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding. This information will be used to contact your previous employers for the purpose of investigating your safety performance history and your drug and alcohol testing information as required by DOT regulations.

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

Employer			Date	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary	
Contact Person		Phone	Reason For Leaving	
Did you perform a DOT-defined <i>safety sensitive function</i> while employed here?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job subject to the <i>Federal Motor Carrier Safety Regulations</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

  

Employer			Date	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary	
Contact Person		Phone	Reason For Leaving	
Did you perform a DOT-defined <i>safety sensitive function</i> while employed here?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job subject to the <i>Federal Motor Carrier Safety Regulations</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

  

Employer			Date	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary	
Contact Person		Phone	Reason For Leaving	
Did you perform a DOT-defined <i>safety sensitive function</i> while employed here?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job subject to the <i>Federal Motor Carrier Safety Regulations</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

  

Employer			Date	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary	
Contact Person		Phone	Reason For Leaving	
Did you perform a DOT-defined <i>safety sensitive function</i> while employed here?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job subject to the <i>Federal Motor Carrier Safety Regulations</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

  

Employer			Date	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary	
Contact Person		Phone	Reason For Leaving	
Did you perform a DOT-defined <i>safety sensitive function</i> while employed here?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job subject to the <i>Federal Motor Carrier Safety Regulations</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer			Date	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary	
Contact Person	Phone		Reason For Leaving	
Did you perform a DOT-defined <i>safety sensitive function</i> while employed here?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job subject to the <i>Federal Motor Carrier Safety Regulations</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

  

Employer			Date	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary	
Contact Person	Phone		Reason For Leaving	
Did you perform a DOT-defined <i>safety sensitive function</i> while employed here?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job subject to the <i>Federal Motor Carrier Safety Regulations</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

  

Employer			Date	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary	
Contact Person	Phone		Reason For Leaving	
Did you perform a DOT-defined <i>safety sensitive function</i> while employed here?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job subject to the <i>Federal Motor Carrier Safety Regulations</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

  

Employer			Date	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary	
Contact Person	Phone		Reason For Leaving	
Did you perform a DOT-defined <i>safety sensitive function</i> while employed here?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job subject to the <i>Federal Motor Carrier Safety Regulations</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

  

Employer			Date	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary	
Contact Person	Phone		Reason For Leaving	
Did you perform a DOT-defined <i>safety sensitive function</i> while employed here?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job subject to the <i>Federal Motor Carrier Safety Regulations</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Note:** Drivers with *Department of Transportation regulated employment* during the preceding three years have the following rights regarding the information that their previous employers will provide to Gly-Tech pursuant DOT regulations:

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Gly-Tech;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers wishing to review previous employer-provided investigative information must submit a written request to Gly-Tech within 30 days of being employed or being notified of denial of employment. Drivers wishing to request correction of erroneous information in records Gly-Tech receives must send the request for correction to the previous employer that provided the records.

**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)

\_\_\_\_\_

List special skills or technical knowledge you have (other than those already shown)

Can you swim? (Required of all employees to work over or on water.)  Yes  No

**Section 4 (Driver Applicants Only – All Others Skip To Section 5)**

**Experience And Qualifications – Driver**

Driver's Licenses	State	License No.	Class	Expiration Date

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

2. Have any license, permit or privilege ever been suspended or revoked?  Yes  No

**Note: If The Answer To Question 1 or 2 Above Is YES, Give A Detailed Statement Below.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Driving Experience**

Class Of Equipment	Type Of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate No. Of Miles (Total)
Straight Truck		From	To	
Tractor And Semi-Trailer		From	To	
Tractor-Two Trailers		From	To	
Other		From	To	

List States Operated In For Last Five Years \_\_\_\_\_

Show Special Courses Or Training That Will Help You As A Driver \_\_\_\_\_

Which Safe Driving Awards Do You Hold And From Whom? \_\_\_\_\_

\_\_\_\_\_

**Accident Record For Past 3 Years Or More**

(Attach sheet if more space is needed)

	Date	Nature Of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
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)

**Section 5**

**TO BE READ AND SIGNED BY ALL APPLICANTS**

I affirm that the facts set forth in my application are true and complete and that any false statements are grounds for dismissal if I am offered employment. I agree to submit to a pre-employment physical and drug test. I understand that working safely is a condition of employment, and that failure to abide by company rules, policies and procedures are grounds for disciplinary action to include termination.

I authorize Gly-Tech Services, Inc. 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. (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 their persons from all liability in responding to inquiries and releasing information in connection with my application.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANTS DO NOT WRITE BELOW THIS LINE**

**PROCESS RECORD TO BE COMPLETED BY COMPANY ONLY**

Applicant hired \_\_\_\_\_ Rejected \_\_\_\_\_

Date employed \_\_\_\_\_ Location employed \_\_\_\_\_

Department \_\_\_\_\_ Pay rate \_\_\_\_\_

( If rejected, summary report of reasons should be placed in file.)

	Superior	Good	Fair	Below Average	Poor	Written Record On File
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal And Traffic Convictions						

Signature of hiring manager \_\_\_\_\_

Address for Commercial Motor Carrier purposes: 240 Corporate Dr. Sibley, La. 71073