Go-Glass Corporation PO Box 390 Salisbury, MD 21803 <u>employment@go-glass.com</u> www.go-glass.com

# Application for Employment

Name				
Other Names Used	Social Security Number			
Home (Street) Address	City	State	ZIP	
How Long at Current Address Year(s) Month(s)	Email Address at Which We May Contact You			
Please List Your Other Addresses, if any, in the Last Seven (7) Years:				
	Other Telephone at Which We May Contact You <u>(</u>	)		

Position(s) for Which You Are Applying

## **Employment History:**

Dates of Employment (Begin with Most Recent)	Organization Name and Address	dPositions(s) Held; Responsibilities	Reason for Leaving This Position	Supervisor's Name, Title, & Phone Number	May We Contact This Person?
			<ul> <li>Involuntary</li> <li>Voluntary</li> <li>Reason for Leaving:</li> </ul>		<ul><li>Yes</li><li>No</li></ul>
			<ul> <li>Involuntary</li> <li>Voluntary</li> <li>Reason for Leaving:</li> </ul>		□ Yes □ No
			<ul> <li>Involuntary</li> <li>Voluntary</li> <li>Reason for Leaving:</li> </ul>		□ Yes □ No

### **Education:**

School/Institution Name & Address (City & State are Sufficient)	Nature of Studies	Degree/Certificate Obtained

### **Other Relevant Experience:**

#### **References:**

Name of Reference	Address	Daytime Phone Beginning w/ Area Code	How long have you known this person?	Nature of Relationship

Have you ever been convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the circumstances:

#### **Candidate Release Authorization**

- I. In connection with my application for employment or continued employment at GO-GLASS CORP., I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: if you want a free copy of the report(s) ordered, check this box □. The report(s) will be sent to you by the consumer reporting agency listed here. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Disclosure / Authorization Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by GO-GLASS CORP. or its agent, to furnish the information described in Section I.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to GO-GLASS CORP.. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name	LAST	FIRST MIDDLE		E		
Please print other names you have	used					
Home Address	ss City		State	Zip Code		
Social Security Number		Date of Birth (FOR IDENTIFICATION PURPOSES ONLY)				
The following states require	sex and race to obtain information	: AL, AR, FL, GA, IA, IL, IN, MI, OR	, SC, TX, WI			
Sex: Male Female	Race: 🗌 Asian 🗌 Bla	ck/African American Hispanic/Lating	o 🗌 White	C Other		
Driver's License Number	State Issuing License		Name as it appears	s on license		
		AND CORRECT. I UNDERSTAND THAT D DRK FOR THE COMPANY, THAT I MAY BE		DISQUALIFY ME FROM		
Signature		Today's Date				
If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.		Subscribed and sworn before me:				
		Name				
		Date				
		Notary Public				
THIS PAGE CONTAI	NS SENSITIVE INFORMATION. KEEP O	My Commission Expires	FROM PERSONNE	L RECORDS!		