

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

Application for Employment

Position(s) for Which
You Are Applying _____

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:

Home Telephone () _____ Other Telephone at Which We
May Contact You () _____

Employment History:

Dates of Employment (Begin with Most Recent)	Organization Name and Address	Positions(s) Held; Responsibilities	Reason for Leaving This Position	Supervisor's Name, Title, & Phone Number	May We Contact This Person?
			<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No

			<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> 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:

- 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	

Please print other names you have used

Home Address	City	State	Zip Code
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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 ☐ Black/African American ☐ Hispanic/Latino ☐ White ☐ Other

Driver's License Number	State Issuing License	Name as it appears on license
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I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT. OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.

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 _____

My Commission Expires

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!