



Drivers Employment Application

American Insulated Glass, LLC.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: ()	E-mail Address:			
Date Available:	Desired Salary:	\$		
Position Applied for:				
Are you either a citizen of the United States of America or an alien who has the legal right to work in the job for which you are applying?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	

Education

High School:	Address:		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:	Address:		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:	Address:		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

References

Please list three professional references.

Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	

American Insulated Glass, LLC.

Previous Employment (Must list complete mailing address, street number and name, city, state and zip code)

Last Employer:			Phone:	()
Address:			Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary: \$
Responsibilities:				
From:		To:		Reason for Leaving:
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any gaps in employment and/or underemployment must be explained. Include dates (Month/Year) and reason:			MONTH	YE AR
			PREVIOUS SUPERVISOR'S NAME:	
			REASON	

2nd Last Employer:			Phone:	()
Address:			Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary: \$
Responsibilities:				
From:		To:		Reason for Leaving:
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any gaps in employment and/or underemployment must be explained. Include dates (Month/Year) and reason:			MONTH	YE AR
			PREVIOUS SUPERVISOR'S NAME:	
			REASON	

3rd Last Employer:			Phone:	()
Address:			Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary: \$
Responsibilities:				
From:		To:		Reason for Leaving:
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any gaps in employment and/or underemployment must be explained. Include dates (Month/Year) and reason:			MONTH	YE AR
			PREVIOUS SUPERVISOR'S NAME:	
			REASON	

Military Service

Branch:			From:	
			To:	
Rank at Discharge:		Type of Discharge:		
If other than honorable, explain:				

Certifications

CRC (Career Readiness Certification):	Bronze	<input type="checkbox"/>	Silver	<input type="checkbox"/>	Gold	<input type="checkbox"/>
Other Certifications:						

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

American Insulated Glass, LLC.

Driver Information Previous Three Years Residency (Attach sheet if more space is needed)

STREET	CITY	STATE	ZIP	# of YEARS
STREET	CITY	STATE	ZIP	# of YEARS
STREET	CITY	STATE	ZIP	# of YEARS

Driver's License Information

Section 383.21 FMCSR (Federal Motor Carrier Safety Regulations) states
“No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.”
I certify that I am at least 21 years of age and
That I do not have more than one motor vehicle license, the information for which is listed below:

STATE	LICENSE NO.	TYPE	EXPIRES:
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Have you ever been denied a license, permit or privilege to operate any motor vehicle? YES NO If yes, explain:

Has any license, permit or privilege ever been suspended or revoked? YES NO If yes, explain:

Type of Driving Experience

Class of Equipment	Type of Equipment (VAN, TANK, FLAT, ETC.)	DATES:		Approximate No. of Miles (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR / SEMI-TRAILER				
TRACTOR / TWO TRAILERS				
OTHER				

Accident Record for the Past Three Years (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Etc.)	Number of Fatalities	Number of Injuries	Chemical Spills?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

Traffic Convictions and Forfeitures for the Past Three Years (Other than parking violations)

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

(Attach sheet if more space is needed)

Applicants that desire to drive in Intrastate/Interstate commerce in AIG Commercial Motor Vehicles (under 26,001 lbs.) must provide the following information on all employers during the previous three years of employment:

Were you subject to the Federal Motor Carrier's Safety Regulations (FMCSR's) while employed by any previous employer over the last three years? **YES** **NO**

If yes, give the name(s) of the employer(s) whose complete information appears on page 2 of the AIG Employment Application:

Was any previous job position designated as a safety sensitive function in any DOT (Department of Transportation) mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **YES** **NO**

If yes, give the name(s) of the employer(s) whose complete information appears on page 2 of the IGA Employment Application:

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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 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 I am required to abide by all regulations and rules of the company. I understand also, that the information I provide regarding current and previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my performance history as required by 49 CFR 391.23 (d) and (e). I understand I have the right to:

- Review information provided by current/previous employers
- Have errors in the information corrected by previous employers, and for those 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.

Date

Applicant's Signature

THIS CERTIFIES THAT I HAVE COMPLETED THIS APPLICATION, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date

Applicant's Signature