



APPLICATION FOR QUALIFICATION For Non-DOT Employees

Glendenning Brothers, Inc.

10128 IL Rt. 72, PO Box 243
Stillman Valley, IL 61084

The purpose of this application is to determine whether or not the applicant is qualified for the desired position based on industry standards, best practices, and/or the standards and expectations of Glendenning Brothers, Inc. **Please print all information requested except signatures.**

General Applicant Information

Date _____ Social Security Number _____ - _____ - _____

Name _____
(First) (Middle) (Last)

Phone No. (_____) _____ Emergency Phone No. (_____) _____

Position Applied for _____ Are you under 18 years of age? Yes No

Employment Desired Full-Time ONLY Part-Time ONLY Full-Time OR Part-Time

Desired Work Hours/Week _____ Desired Salary _____

Days/Times Available to Work **NO Preference**

- Monday *Hours Available* _____
- Tuesday *Hours Available* _____
- Wednesday *Hours Available* _____
- Thursday *Hours Available* _____
- Friday *Hours Available* _____
- Saturday *Hours Available* _____
- Sunday *Hours Available* _____

Current & Three Years Previous Address(es):

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Have you worked for GBI before? Yes No If YES, give dates From _____ To _____

Reason for leaving? _____

Educational History

Please check the highest grade completed:

Grade	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
College	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Institution	_____	Major	_____				
Post Graduate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4+	Institution	_____	Major	_____				

Employment History

Give a complete record of all employment for the past three years, including any internships, work study programs, unemployment, or self employment

<u>Mo/Yr</u>	<u>Mo/Yr</u>	<u>Present or Last Employer</u>
From: _____	To: _____	Name: _____
Position Held: _____	Address: _____	
	(Street)	(City) (State/Zip)
Reason for Leaving? _____	Phone Number: (_____) _____	

<u>Mo/Yr</u>	<u>Mo/Yr</u>	<u>Previous Employer</u>
From: _____	To: _____	Name: _____
Position Held: _____	Address: _____	
	(Street)	(City) (State/Zip)
Reason for Leaving? _____	Phone Number: (_____) _____	

<u>Mo/Yr</u>	<u>Mo/Yr</u>	<u>Previous Employer</u>
From: _____	To: _____	Name: _____
Position Held: _____	Address: _____	
	(Street)	(City) (State/Zip)
Reason for Leaving? _____	Phone Number: (_____) _____	

<u>Mo/Yr</u>	<u>Mo/Yr</u>	<u>Previous Employer</u>
From: _____	To: _____	Name: _____
Position Held: _____	Address: _____	
	(Street)	(City) (State/Zip)
Reason for Leaving? _____	Phone Number: (_____) _____	

<u>Mo/Yr</u>	<u>Mo/Yr</u>	<u>Previous Employer</u>
From: _____	To: _____	Name: _____
Position Held: _____	Address: _____	
	(Street)	(City) (State/Zip)
Reason for Leaving? _____	Phone Number: (_____) _____	

Personal References

List three persons for reference, other than family members

Name _____ Phone (_____) _____

Address _____

Name _____ Phone (_____) _____

Address _____

Name _____ Phone (_____) _____

Address _____

Questions for Applicant

1. Do you have a Driver's License Yes No

What will be your mode of transportation to work? _____

2. Have you ever been convicted of a crime? Yes No

If YES, explain the following

Number of Conviction(s)? _____

Nature of Offense(s) leading to Conviction(s)? _____

How recent such offense(s) was/were committed? _____

Sentence(s) imposed? _____

Type(s) of rehabilitation? _____

Additional Comments

Please use the below area to include any additional information you would like to share or that you believe is relevant to evaluating this application.

To Be Read & Signed by the Applicant

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of Glendenning Brothers Inc., which rules may be changed, withdrawn, added or interpreted at any time, at Glendenning Brothers, Inc.'s sole option and without prior notice to me.

Applicant's Signature: _____ Date: _____

Applicant Waiver

I hereby certify that the information contained in this application for qualification is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, may result in dismissal.

I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to Glendenning Brothers, Inc. I authorize Glendenning Brothers, Inc. to request and receive such information.

In consideration for my employment and my being considered for employment by Glendenning Brothers, Inc. I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by the company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or me.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and condition of employment, or to make any agreement, that is contrary to the foregoing, without the written authorization of the CEO.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed

Applicant's Signature _____ Date _____

Company Representative _____ Date _____

Remarks (for office use ONLY)

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