



Welcome!

Thank you for your interest in applying for employment with us. Glenn Sand & Gravel has been in business for over 45 years. Our Brookville and Clarion plants offer Redi – mix concrete, limestone, gravel, and sandstone, package cement, and miscellaneous building supplies. Our Clarion plant produces concrete septic tanks and pre-cast concrete inlet boxes. Our Corsica Quarry produces various sizes of crushed sandstone aggregate for construction purposes. Now that you have an idea of just what we do here at Glenn Sand & Gravel, we will move on to the position you are applying for, and just what will be expected of you, should you gain employment with us.

The enclosed application for employment must be completed and signed by you as well as the commercial driver questionnaire # 8, which we submit for approval to our insurance company. Further, we will need a current drug test, even if testing has been previously completed by a former employer. Last a copy of this letter signed and dated, must accompany your employment application. Once you have completed and obtained all four above requirements, please return them to the office for employment consideration, and to schedule an interview. Based on this interview, you may be asked to complete a “test drive” in one of our concrete mixer trucks, with either myself, or one of our senior drivers. After evaluation of this test drive, you may be offered a position within our company.

Please be aware, you are hired as an “at will” employee, this means Glenn Sand & Gravel Inc could terminate your employment at any time. Nothing in this document or in our discussions could be interpreted as a contract to employ you for any definite period of time. If your employment is terminated for any reason, there are no severance benefits.

Once a position is offered and accepted, you will be assigned to one of our experienced drivers for an appropriate training period. You will make pre-trip inspections of the vehicle, learn loading, mixing, transporting, and placement procedures. Importantly, you will learn proper maintenance, cleaning and good housekeeping procedures for the vehicle you are assigned.

Safety is a prime concern here at Glenn Sand & Gravel. We expect the same from our employees. Always maintain a safe workplace, and never put yourself in a situation that may prove harmful to you or your fellow co-workers. If everyone practices safety first, our workplace will be a healthier and more productive environment.

During our busy season, business can become very brisk; to you this translates into "overtime" and Saturday hours that may be required to meet the needs of our customers. Just remember this extra workload does not continue indefinitely, and your paycheck will reflect your additional efforts.

One more subject that is very important here at Glenn Sand & Gravel, is the definition of your particular "job". At Clarion, we have a pre-cast plant, which simply means we make septic tanks, lids, risers, pup walls, and many other specialty items. When the concrete hauling is at minimum, all employees are expected to work in the shop, creating the above mentioned products. You may be asked to perform any number of tasks, at any one of our locations, all of them necessary.

Last, we hope to have you as a valued employee of our Glenn Sand & Gravel team for a very long time. After a probationary period we offer insurance, uniform service, and simple IRA programs to all full time employees. We want you to feel good about working here, so if now or in the future, you have questions, concerns, or suggestions please bring them to our attention. Also if you encounter a situation that concerns you, please feel free to voice your opinion and we will work to resolve it.

Sincerely,

David Glenn; President

Roger Glenn: Secretary-Treasurer

I have read, understood and agree to all the job requirements, conditions, and terms listed above.

Signature

Date



EMPLOYMENT APPLICATION

NAME _____ DATE _____

ADDRESS _____ S. S. # _____

PHONE _____ DATE OF BIRTH _____

OPERATORS # _____ CLASS _____ C.D.L.? YES NO

PREVIOUS EMPLOYMENT

FROM	TO	PREVIOUS EMPLOYER	POSITION
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

REFERENCES

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

HIGH SCHOOL ATTENDED _____ HIGHEST YEAR OF SCHOOL COMPLETED? _____

TRUCKING EXPERIENCE:

MIXER _____ SMALL DUMP _____ TANDEM _____ TRI-AXEL _____ TRACTOR/TRAILER _____



TRAFFIC VIOLATIONS OR ARRESTS? _____ IF YES, PLEASE EXPLAIN _____

ALCOHOL OR DRUG RELATED ARRESTS OR VIOLATIONS? _____ IF YES, PLEASE EXPLAIN _____

MAY WE CONTACT YOUR FORMER EMPLOYER: YES _____ NO _____

IF HIRED WHEN CAN WE EXPECT YOU TO BEGIN YOUR EMPLOYMENT WITH US? _____

SIGNATURE _____ DATE _____



COMMERCIAL DRIVER QUESTIONNAIRE #8

1. POLICYHOLDER'S NAME Glenn Sand & Gravel, Inc.		POLICY NUMBER Q100140271	AGENT NO. AA4321	AGENT NAME St. Marys Insurance Agency, Inc.
DRIVER INFORMATION	2. DRIVER'S FIRST NAME		MIDDLE INITIAL	LAST NAME <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	LICENSE NUMBER	STATE	PRIOR STATE AND OPERATOR'S NUMBER IF LESS THAN 3 YEARS	DATE FIRST LICENSED OR DATE OF PERMIT
	DATE HIRED	JOB TITLE	DRIVER'S AUTO INSURANCE COMPANY	SOCIAL SECURITY NUMBER
	COMMERCIAL DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			HOME PHONE NUMBER

3. WARNING: An incorrect answer, intentional or not, to any question below may jeopardize continuing coverage. If the answers to any of the following are "Yes," give details in space provided.

Has Driver:	YES	NO	Details for "Yes" answers:
(a) Had any auto insurance refused, cancelled or expired in the past 5 years? or been excluded or restricted on a policy in the past 5 years? OHIO ONLY: Had any auto insurance refused, cancelled or expired for:	<input type="checkbox"/>	<input type="checkbox"/>	
(1) Material misrepresentation in application or in submission of claims?	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Suspension, revocation or expiration of operator's license of named insured or principal operator?	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Been required to file evidence of financial responsibility in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Had their driver's license or driving privileges revoked or suspended in the past 5 years? (Give date and reason.)	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Received a ticket for speeding, a PBJ (PJC in NC) or any other vehicle code violation within the past 5 years? (If "Yes," give date and description of violation(s). If speeding, include your actual speed and speed limit.)	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Ever receive any felony convictions? Give date, description and penalty.	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., heart, diabetes, epilepsy, hearing/sight/limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed	<input type="checkbox"/>	<input type="checkbox"/>	
(g) Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	
(h) FOR MD ONLY: Refused to submit to chemical test or been given probation before judgment for an alcohol violation in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	
(i) While driving any motor vehicle, commercial or personal, been involved in an accident during the past 5 years? Describe all accidents regardless of who was at fault under No. 8 below.	<input type="checkbox"/>	<input type="checkbox"/>	
(NOTE FOR DC ONLY: Question 3(a) not applicable. For questions (b), (c), (d), (g), (h) & (i), ask for 3 year record only)			
(NOTE FOR MD ONLY: For Questions 3 (a), (b), (c), (d), (g), (h) & (i) ask for 3 year record only)			
(NOTE FOR WI ONLY: Question 3(f) not applicable)			

4. List driver's previous experience driving types of commercial vehicles insured and any safety courses completed

5. Does driver take home any company autos on a regular basis? Yes No If yes, what vehicle(s)

6. Does driver have any restrictions on license? Yes No If yes, what are the restrictions?

7. Were MVRs/CLUEs ordered on any/all drivers? Yes No If "Yes," attach copies.

8. OTHER PERTINENT INFORMATION

▶ AGENT Do you consider this an acceptable risk?

Agent's Signature

DC APPLICANT(S) PLEASE READ ▶ **WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.**

OHIO APPLICANT(S) PLEASE READ ▶ Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NY APPLICANT(S) PLEASE READ ▶ Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PA APPLICANT(S) PLEASE READ ▶ Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

VA APPLICANT(S) PLEASE READ ▶ It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

OTHER APPLICANT(S) PLEASE READ ▶ Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or civil penalties.

COMMERCIAL DRIVER SIGNATURE ▶ I certify that I have given true and complete answers to the above questions. You have my permission to obtain a copy of my motor vehicle driving record for purposes of determining my eligibility for coverage under this policy.
DRIVER'S SIGNATURE _____ Date _____

POLICYHOLDER SIGNATURE ▶ POLICYHOLDER'S (OR AUTHORIZED REPRESENTATIVE'S) SIGNATURE _____ Title _____ Date _____