

## APPLICATION FOR EMPLOYMENT

CAREFUL AND THOUGHTFUL COMPLETION OF THIS APPLICATION IS AN IMPORTANT STEP IN OUR CONSIDERATION OF INDIVIDUALS FOR EMPLOYMENT. PLEASE COMPLETE THE ENTIRE APPLICATION. PRINT IN INK. ASK FOR EXTRA PAPER IF YOU NEED TO CLARIFY ANY RESPONSES. YOUR APPLICATION MUST ALSO SPECIFY THE POSITION FOR WHICH YOU ARE APPLYING. STATING THAT YOU WILL "ANYTHING" IS INDEFINITE AND MAY RESULT IN YOUR APPLICATION NOT BEING ACCEPTED BY THE EMPLOYER. YOUR APPLICATION WILL BE CONSIDERED FOR SIXTY (60) DAYS.

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

CURRENT ADDRESS:	HOW LONG?
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PREVIOUS ADDRESS:	HOW LONG?
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Job(s) Applying For:     1. \_\_\_\_\_  
   Rate of Pay Expected: \$ \_\_\_\_\_ per hour

   2. \_\_\_\_\_  
   Rate of Pay Expected: \$ \_\_\_\_\_ per hour

Do you want to work:     \_\_\_\_\_ Full-time     \_\_\_\_\_ Part-time     \_\_\_\_\_ Seasonal

If applying for part-time work, what days and hours? \_\_\_\_\_

Have you ever applied for work with us before?     \_\_\_\_\_ Yes     \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

What skills, qualifications or experience do you have that you feel would benefit the Road Commission?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you served in the Armed Forces?     \_\_\_\_\_ Yes     \_\_\_\_\_ No

Branch: \_\_\_\_\_

Honorably Discharged?     \_\_\_\_\_ Yes     \_\_\_\_\_ No

Do you have a CDL with air brakes & current medical card?  Yes  No

If no, are you willing to acquire a CDL within a reasonable amount of time?  Yes  No

Do you have a driver's license and clear driving record?  Yes  No

If no, list the offense(s): \_\_\_\_\_

This job requires lifting up to 80 pounds and ability to work overtime including nights, weekends and holidays (weather dependent). Are you able and willing to do that?  Yes  No

Are you over 18 years of age?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If yes, explain when, where and the nature of the offense: \_\_\_\_\_

(Conviction of a crime will not be an automatic bar to employment.)

Are you authorized to work in the United States?  Yes  No

If hired, when can you start? \_\_\_\_\_

### EDUCATION

	NAME OF SCHOOL	# YEARS ATTENDED	CITY/STATE	COURSE
HIGH SCHOOL				
COLLEGE OR TRADE SCHOOL				
OTHER				

## BUSINESS REFERENCES

NAME	ADDRESS & PHONE NUMBER	OCCUPATION

## PRIOR WORK EXPERIENCE

EMPLOYER NAME & ADDRESS	DATES OF EMPLOYMENT	TYPE OF WORK DONE	REASON FOR LEAVING

## APPLICANT CERTIFICATION & AGREEMENT

PLEASE READ CAREFULLY

1. Certification of Truthfulness: I certify that all statements on this application for employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed or if employed will result in my dismissal.
2. Authorization for Employment/Educational Information: I authorize the references listed in the application, and any prior employer, educational institution or any other persons or organizations to give the Missaukee County Road Commission any and all information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing any lawful information to the Missaukee County Road Commission. I hereby waive written notice that employment information is being provided by any person or organization.
3. Employment at Will: If I am hired, in consideration of my employment, I agree to abide by the rules and policies of the Missaukee County Road Commission, including any change made from time to time, and agree that, subject to the provisions of any written agreement to the contrary, my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Missaukee County Road Commission or myself. I understand that no manager or other representative of the Missaukee County Road Commission, other than the manager director, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the manager director must be made in writing to be effective.
4. Authorization to Work: If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
5. Need for Accommodation: If I am a person with a disability who requires an accommodation to perform the job, I must notify the Missaukee County Road Commission of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me under state but not federal law from alleging that the Missaukee County Road Commission has not accommodated me as required by law.
6. Criminal Records Check: I agree to execute an authorization for the Missaukee County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Missaukee County Road Commission determine it is necessary to do so.

7. Release of Medical Information: I authorize every medical doctor, physician or other healthcare provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, x-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, officer, corporation, association, organization or institute which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other healthcare provider until a job offer has been made.

8. Physical Exam and Drug & Alcohol Testing: I agree that if a job offer is made to me, I will, before commencing employment, take a physical exam and authorize the Missaukee County Road Commission or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that decisions concerning my employment will be made as a result of this test. I further authorize any physician or entity conducting such testing to release the results of such testing to the Missaukee County Road Commission.

9. Driving Record Check: If applying for a position that requires driving a Missaukee County Road Commission vehicle, I authorize the Missaukee County Road Commission and its agent(s) to make investigations and inquiries of my driving record.

10. Fringe Benefits: In accepting employment with the Missaukee County Road Commission, I agree to accept all fringe benefits when eligible as provided now or in the future. I understand that it is my responsibility to provide documentation for verification of eligibility for fringe benefits as well as information regarding mailing address, telephone numbers or contact arrangements, withholding exemptions and dependent information. The Missaukee County Road Commission shall rely on the most recent information for all purposes.

11. Consideration of Employment: I understand that my application will be considered pursuant to the Missaukee County Road Commission's normal procedures for a period of sixty (60) days. If I am still interested in employment thereafter, I may have to reapply.

12. Limitation of Action: I agree that I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six (6) months after the event complained of, and I voluntarily waive any statute of limitations to the contrary.

***I HAVE READ AND UNDERSTAND ITEMS 1 - 12 ABOVE AND ACKNOWLEDGE THAT WITH MY SIGNATURE BELOW. THIS CERTIFIES THAT THE APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.***

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_