

MISSAUKEE COUNTY ROAD COMMISSION

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. ATTACH AN EXTRA PIECE OF PAPER IF YOU NEED TO CLARIFY ANY RESPONSES. YOUR APPLICATION MUST ALSO SPECIFY THE POSITION FOR WHICH YOU ARE APPLYING. STATING THAT YOU WILL DO "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)

ADDRESS: _____
(Street/P.O. Box)

(City, State and Zip Code)

TELEPHONE: _____

Job(s) Applied For:

1. _____

Rate of Pay Expected: \$ _____

☐ Full-Time

☐ Part-Time

2. _____

Rate of Pay Expected: \$ _____

If only applying for part-time, what days and hours? _____

Have you ever applied for work with us before?

☐ YES ☐ NO If yes, when? _____

List anyone you know who works for us: _____

Do you have any skills, qualifications or experience which you feel especially equip you to work with us?

U.S. ARMED FORCES SERVICE? ☐ YES ☐ NO

Do you have any limitations that would prohibit you from performing the job for which you are applying?

☐ YES ☐ NO If yes, please explain: _____

Have you even 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:

SCHOOL:	NAME OF SCHOOL:	GRADE COMPLETED OR DEGREE OBTAINED	COURSE OF STUDY
High School			
College			
Other			

Do you have a CDL? ☐ YES ☐ NO

What endorsements do you have? _____

Have you ever tested positive or refused to test on any pre-employment or employer-administered drug test? ☐ YES ☐ NO

Have you even been convicted of driving while under the influence of alcohol or drugs?
☐ YES ☐ NO

Have you experienced the denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle that has been issued to you? ☐ YES ☐ NO

Have you ever been disqualified under the Federal Motor Carrier Safety Regulations?
☐ YES ☐ NO

If "yes" to any of the above, please list in detail all facts and circumstances:

List all violations of the motor vehicle laws of which you were convicted during the last 3 years:

List all vehicle accidents in which you were involved during the last 3 years, specifying the date, nature of each accident and any fatalities or personal injuries it caused: _____

EMPLOYMENT HISTORY:

Last Employer Name:	Address:	Dates of Employment:
Duties:	Subject to FMCSR while employed? Y N	
Previous Employer Name:	Address:	Dates of Employment:
Duties:	Subject to FMCSR while employed? Y N	Reason for Leaving:
Previous Employer Name:	Address:	Dates of Employment:
Duties:	Subject to FMCSR while employed? Y N	Reason for Leaving:
Previous Employer Name:	Address:	Dates of Employment:
Duties:	Subject to FMCSR while employed? Y N	Reason for Leaving:
Previous Employer Name:	Address:	Dates of Employment:
Duties:	Subject to FMCSR while employed? Y N	Reason for Leaving:

REFERENCES:

NAME:	TELEPHONE NUMBER:	RELATIONSHIP/OCCUPATION:

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 offered employment or will be cause for dismissal if hired.

I authorize the references listed, any previous employer, educational institution, or any other person or organization listed to give the Missaukee County Road Commission any and all information they may have and release all parties from liability for any damage that may result from furnishing any lawful information.

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 Road Commission determine it necessary to do so.

I understand that if offered employment, I will be required to take and pass a physical examination as well as alcohol and drug tests before being hired. I also authorize the Missaukee County Road Commission to investigate and inquire of my driving record.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND ACKNOWLEDGE THAT WITH MY SIGNATURE BELOW. I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION SUPPLIED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature

Date