GRATIOT COUNTY ROAD COMMISSION

APPLICATION FOR EMPLOYMENT

ALL APPLICANTS MUST HAVE A CURRENT, VALID, STATE OF MICHIGAN CDL LICENSE WITH GROUP AN AND N ENDORSEMENTS

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 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:	TIME:

NAME: _____
Last First Middle

SOCIAL SECURITY #:	DATE OF BIRTH: *	TELEPHONE #:

CURRENT ADDRESS:	DATE OF RESIDENCY:

ALL OTHER ADDRESSES DURING THE LAST 3 YEARS:

PREVIOUS ADDRESSES	DATES OF RESIDENCY
_____	_____
_____	_____
_____	_____

Job(s) Applied For:

SCRAPER TRUCK DRIVER ☐

GRADER OPERATOR ☐ RATE OF PAY EXPECTED $_____ PER HOUR

BOTH ☐

Do you want to work:

☐ FULL-TIME ☐ PART-TIME

If applying only 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:

* Required by 49 C.F.R. S391.21 (b)(2).

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

U.S. ARMED FORCES SERVICE? ☐ YES ☐ NO

Branch: _____ Duties: _____

Rank at time of enlistment: _____
Rank at time of dishcarge: _____

Were you dishonorably discharged? ☐ YES ☐ NO

If yes, explain: _____

Are you able to do the job for which you are applying?: ☐ YES ☐ NO
If not, please explain:

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

SCHOOL	NAME OF SCHOOL	HIGHEST GRADE COMPLETED OR DEGREE OBTAINED	COURSE OF STUDY
GRAMMAR			
HIGH SCHOOL			
COLLEGE			
OTHER			

* Required by 49 C.F.R. S391.21 (b)(2).

PRIOR WORK EXPERIENCE

NOTICE TO APPLICANT

The information you provide in response to this question may be used, and your prior employers maybe be contacted, for the purpose of investigating your background as required by State and/or Federal Motor Carrier Safety Regulations. You are hereby notified that you have the following rights regarding the investigative information that will be provided to us pursuant to 49 CFR 391.23 (d) and (e):

1) The right to review information provided by previous employers;

2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I HAVE READ AND UNDERSTAND THESE RIGHTS.

_____
Applicant's Signature

Please list the names and addresses of your employers during the last 10 years, together with the dates of employment and the reasons for leaving such employment:

Last Employer

Name: _____ Dates of Employment: _____

Address: _____ Phone: _____

Supervisor Name: _____

Applicant was subject to FMCSRs while employed by above employer?

☐ YES ☐ NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

☐ YES ☐ NO

Reason for leaving:

_____

* Required by 49 C.F.R. S391.21 (b)(2).

Second to Last Employer

Name: _____ Dates of Employment: _____

Address: _____

Supervisor Name: _____ Phone: _____

Applicant was subject to FMCSRs while employed by above employer?

☐ YES ☐ NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49CFR Part 40?

☐ YES ☐ NO

Reason for leaving:

_____

Third to Last Employer

Name: _____ Dates of Employment: _____

Address: _____

Supervisor Name: _____ Phone: _____

Applicant was subject to FMCSRs while employed by above employer?

☐ YES ☐ NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49CFR Part 40?

☐ YES ☐ NO

Reason for leaving:

_____

* Required by 49 C.F.R. S391.21 (b)(2).

Fourth to Last Employer

Name: _____ Dates of Employment: _____

Address: _____

Supervisor Name: _____ Phone: _____

Applicant was subject to FMCSRs while employed by above employer?

☐ YES ☐ NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49CFR Part 40?

☐ YES ☐ NO

Reason for leaving:

_____

Fifth to Last Employer

Name: _____ Dates of Employment: _____

Address: _____

Supervisor Name: _____ Phone: _____

Applicant was subject to FMCSRs while employed by above employer?

☐ YES ☐ NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49CFR Part 40?

☐ YES ☐ NO

Reason for leaving:

_____

* Required by 49 C.F.R. S391.21 (b)(2).

Sixth to Last Employer

Name: _____ Dates of Employment: _____

Address: _____

Supervisor Name: _____ Phone: _____

Applicant was subject to FMCSRs while employed by above employer?

☐ YES ☐ NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49CFR Part 40?

☐ YES ☐ NO

Reason for leaving:

_____

** Attach additional pages as may be necessary to include all previous employers.

* Required by 49 C.F.R. S391.21 (b)(2).

DRIVER INFORMATION

List the issuing State, number, and expiration date of each commercial motor vehicle operator's license or permit you have held during the last three (3) years:

State	Number	Expiration Date

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the last three (3) years:

Date	Description

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

Date	Description	Fatalities or Personal Injuries

Please describe the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semi trailers, full trailers, and pole trailers) which you have operated:

* Required by 49 C.F.R. S391.21 (b)(2).

Have you ever been disqualified under the Federal Motor Carrier Safety Regulations?

☐ YES ☐ NO

Have you ever been convicted of driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof?

☐ YES ☐ NO

Have you ver tested positive, or refused to test, on any pre-employment drug test administered by an employer to which you applied for, but did not obtain, saftey-sensitive work covered by DOT drug and alcohol testing rules?

☐ 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

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

BUSINESS REFERENCES		
NAME	ADDRESS/TELEPHONE NUMBER	OCCUPATION

* Required by 49 C.F.R. S391.21 (b)(2).

Application Questions:

1. Do you have a current CDL? If so, please list the Class and any Endorsements you have below.

2. In your present job, what are things you spend most of your time on?

3. Briefly describe any experience you have performing repairs or maintenance on heavy equipment.

4. Do you have any experience using a grader, excavator, loader or backhoe? If so, please give examples of what type of work you have done and for how long.

5. What motivates you?

6. List three things in a job that are important to you.

7. What can you offer the Gratiot County Road Commission? And what can GCRC offer you?

APPLICANT'S CERTIFICATION AND 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 for Employment, and any prior employer, educational institution, or any other persons or organizations to give the Gratiot County Road Commission any and all information, or any other pertinent 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 Gratiot 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 Gratiot 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 Gratiot County Road Commission or myself. I understand that no manager or other representative of the Gratiot County Road Commission, other than the Managing 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 Managing 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 Accomodation. If I am a person with a disability who requires an accommodation to perform the job, I must notify the Gratiot 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 Gratiot County Road Commission has not accommodated me as required by law.

6. Criminal Records Check. I agree to execute an authorization for the Gratiot County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Gratiot 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 and 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 Gratiot 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 Gratiot County Road Commission.

* Required by 49 C.F.R. S391.21 (b)(2).

9. Psychological / Physical Testing. If offered employment, I agree to submit to any psychological or physical testing which may be necessary to determine my ability to perform the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the Gratiot County Road Commission.

10. Driving Record Check. If applying for a position that requires driving a Gratiot County Road Commission vehicle, I authorize the Gratiot County Road Commission and its agents the authority to make investigations and inquiries of my driving record.

11. Fringe Benefits. In accepting employment with the Gratiot 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 Gratiot County Road Commission shall rely on the most recent information for all purposes.

12. Credit Report. I understand that the Gratiot County Road Commission or its agents may make an investigative inquiry whereby information is obtained through interviews with my neighbors, friends, and others whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation.

13. Consideration of Employment. I understand that my Application will be considered pursuant to the Gratiot County Road Commission's normal procedures for a period of SIXTY (60) DAYS. IF I AM STILL INTERESTED IN EMPLOYMENT THEREAFTER, I MUST REAPPLY.

14. 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 THROUGH #14 ABOVE, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

THIS CERTIFIES THAT THIS 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.

X _____

Applicants Signature

_____

Date

* Required by 49 C.F.R. S391.21 (b)(2).