

Alger County Road Commission

E9264 M-28 Munising, MI 49862

Phone: (906)387-2042 Fax: (906)387-5167

Application for Employment CDL DRIVERS

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:			DATES OF RESIDENCY:
ALL OTHER ADDRESSES DURING THE LAST 3 YEARS:			
<u>PREVIOUS ADDRESSES</u>		<u>DATES OF RESIDENCY</u>	
Job(s) Applied For:			
1. _____		Rate of Pay Expected: \$_____ per_____	
2. _____		Rate of Pay Expected: \$_____ per_____	
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. §391.21(b)(2)

PRIOR WORK EXPERIENCE

NOTICE TO APPLICANT

The information you provide in response to this question may be used, and your prior employers may 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:

Position Held:

Supervisor Name:

Phone:

Applicant was subject to FMCRs while employed by above employer?

Yes

No

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

Yes

No

Reason for leaving: _____

Second to Last Employer

Name:

Dates of
Employment:

Address:

Position Held:

Supervisor Name:

Phone:

Applicant was subject to FMCRs while employed by above employer?

Yes No

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

Yes No

Reason for leaving: _____

Third to Last Employer

Name:

Dates of
Employment:

Address:

Position Held:

Supervisor Name:

Phone:

Applicant was subject to FMCRs while employed by above employer?

Yes No

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

Yes No

Reason for leaving: _____

Fourth to Last Employer

Name:

Dates of
Employment:

Address:

Position Held:

Supervisor Name:

Phone:

Applicant was subject to FMCRs while employed by above employer?

Yes No

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

Yes No

Reason for leaving: _____

Fifth to Last Employer

Name:

Dates of
Employment:

Address:

Position Held:

Supervisor Name:

Phone:

Applicant was subject to FMCRs while employed by above employer?

Yes No

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

Yes No

Reason for leaving: _____

Sixth to Last Employer

Name:

Dates of
Employment:

Address:

Position Held:

Supervisor Name:

Phone:

Applicant was subject to FMCRs while employed by above employer?

Yes No

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

Yes No

Reason for leaving: _____

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

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.

<u>State</u>	<u>Number</u>	<u>Expiration Date</u>

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:

<u>Date</u>	<u>Description</u>

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:

<u>Date</u>	<u>Description</u>	<u>Fatalities or Personal Injuries</u>

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: _____

- 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 methaamphetamines or derivatives thereof?
 Yes No
- Have you ever 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, safety-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

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/Education 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 Alger 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 Alger 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 Alger 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 Alger County Road Commission or myself. I understand that no manager or other representative of the Alger County Road Commission, other than the Engineer/Manager, has any authority to enter into any agreement contrary to the foregoing. Any such agreement made by the Engineer/Manager must be made in writing to be effective.
4. Authorization to Work. If I am selected for hire, I will be offered employment provided 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 Alger 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 Alger County Road Commission has not accommodated me as required by law.
6. Criminal Record Check. I agree to execute an authorization for the Alger County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Alger 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 provide 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 Alger County Road Commission or

its designated agent(s) to withdraw a 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 the decisions concerning my employment will be made as a result of this test. I further authorize any physician or examination to the Alger County Road Commission.

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 Alger County Road Commission.
10. Driving Record Check. If applying for a position that requires driving an Alger County Road Commission vehicle, I authorize the Alger 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 Alger 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 Alger County Road Commission shall rely on the most recent information for all purposes.
12. Credit Report. I understand that the Alger County Road Commission or its agents may make an investigative inquiry whereby information is obtained through interviews with my neighbors, friends and others with 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 Alger 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 ACKNOWLEDGE THAT WITH MY SIGNATURE BELOW.

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.

Date

X _____

Applicant's Signature