



# ST. CLAIR COUNTY ROAD COMMISSION

21 AIRPORT DRIVE  
ST. CLAIR, MICHIGAN 48079-1404  
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## EMPLOYMENT APPLICATION — FIELD OPERATIONS

CAREFUL AND THOUGHTFUL COMPLETION OF THIS APPLICATION IS AN IMPORTANT STEP IN OUR CONSIDERATION OF INDIVIDUALS FOR EMPLOYMENT. PLEASE COMPLETE THE ENTIRE APPLICATION. **THE ST. CLAIR COUNTY ROAD COMMISSION IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL NOT DISCRIMINATE AMONG APPLICANTS OR EMPLOYEES WITH REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, HEIGHT, WEIGHT, MARITAL STATUS, DISABILITY, VETERAN STATUS OR ON THE BASIS OF ANY CHARACTERISTIC THAT IS PROTECTED BY STATE OR FEDERAL LAW.**

TODAY'S DATE:	POSITION SOUGHT:
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NAME:

(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY # :	TELEPHONE #:	CELL PHONE #
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EMAIL ADDRESS:	DATE OF BIRTH: <small>(FOR IDENTIFICATION ONLY. DO NOT INCLUDE YEAR OF BIRTH)</small>
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DRIVERS LICENSE #	STATE:	ARE YOU AT LEAST 18 YEARS OF AGE?
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CURRENT ADDRESS:	DATES OF RESIDENCY:
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ALL OTHER PREVIOUS ADDRESSES DURING THE LAST 3 YEARS :	<u>DATES OF RESIDENCY</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING WITH THE ROAD COMMISSION?     FULL-TIME     PART-TIME     SEASONAL

ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?     YES     NO

CAN YOU TRAVEL IF A JOB REQUIRES IT?     YES     NO

THIS JOB REQUIRES THE ABILITY TO WORK UNUSUAL HOURS ON AN OVERTIME BASIS. CAN YOU MEET THIS REQUIREMENT?     YES     NO

DO YOU POSSESS A COMMERCIAL DRIVER'S LICENSE WITH A **GROUP "A"** DESIGNATION?     YES     NO

IF YES, WHAT IS YOUR COMMERCIAL DRIVER'S LICENSE NUMBER? \_\_\_\_\_

COMMERCIAL DRIVER'S LICENSE ENDORSEMENT(S):

<input type="checkbox"/> T—DOUBLE/TRIPLE TRAILERS	<input type="checkbox"/> P—PASSENGER
<input type="checkbox"/> X—TANK VEHICLE/HAZARDOUS MATERIALS	<input type="checkbox"/> S—SCHOOL BUS
<input type="checkbox"/> N—TANK VEHICLE	<input type="checkbox"/> H—HAZARDOUS MATERIALS
<input type="checkbox"/> OTHER _____	

STATE(S) WHERE ISSUED: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES WHO WORK FOR THE ST. CLAIR COUNTY ROAD COMMISSION? IF SO, WHO?  
\_\_\_\_\_

LIST ANY SKILLS, QUALIFICATIONS OR EXPERIENCE ACQUIRED WHICH YOU FEEL QUALIFIES YOU FOR THE POSITION SOUGHT:

\_\_\_\_\_  
\_\_\_\_\_

STATE NATURE AND EXTENT OF EXPERIENCE IN THE OPERATION OF VEHICLES (TRUCKS, TRUCK TRACTORS, SEMITRAILERS, ETC.), EQUIPMENT (BACKHOE, GRADER, DOZER, EXCAVATOR, POWER HAND TOOLS, ETC.), AND ANY MASONRY OR CARPENTRY SKILLS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES?  Yes  No

BRANCH OF SERVICE: \_\_\_\_\_

RANK AT TIME OF ENLISTMENT: \_\_\_\_\_

RANK AT TIME OF DISCHARGE: \_\_\_\_\_

WERE YOU DISHONORABLY DISCHARGED?  Yes  No IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

ARE YOU PHYSICALLY ABLE TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING FOR WITHOUT ACCOMMODATION?:  Yes  No

IF YOU NEED ACCOMMODATION,WHAT DO YOU BELIEVE WOULD BE REQUIRED AND WHAT IS THE NATURE OF THE DISABILITY FOR WHICH THE EMPLOYER WOULD NEED TO PROVIDE ACCOMMODATION? :

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?:  Yes  No

HAVE YOU EVER BEEN CHARGED WITH A FELONY, OR CONVICTED OF A CRIME (OTHER THAN A TRAFFIC OFFENSE)?:  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. FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION, WILL BE TAKEN INTO ACCOUNT).*

IF HIRED, WHAT DATE CAN YOU START? \_\_\_\_\_

### EDUCATION

SCHOOL	NAME OF SCHOOL CITY, STATE	HIGHEST GRADE COMPLETED/ DEGREE OBTAINED	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

## PRIOR WORK EXPERIENCE

**LIST YOUR LAST THREE EMPLOYERS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION, BEGINNING WITH YOUR MOST RECENT. IF YOU HAVE HAD MORE THAN THREE EMPLOYERS DURING THE LAST THREE YEARS, PLEASE LIST ALL EMPLOYERS WITHIN THE LAST THREE YEARS.**

### EMPLOYMENT #1

EMPLOYER NAME:	DATES OF EMPLOYMENT: FROM:                      To:
ADDRESS:	SUPERVISOR'S NAME:
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION REQUIRING ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE YOUR DUTIES:	
REASON FOR LEAVING:	

### EMPLOYMENT #2

EMPLOYER NAME:	DATES OF EMPLOYMENT: FROM:                      To:
ADDRESS:	SUPERVISOR'S NAME:
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION REQUIRING ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE YOUR DUTIES:	
REASON FOR LEAVING:	

### EMPLOYMENT #3

EMPLOYER NAME:	DATES OF EMPLOYMENT: FROM:                      To:
ADDRESS:	SUPERVISOR'S NAME:
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION REQUIRING ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE YOUR DUTIES:	
REASON FOR LEAVING:	

ATTACH ADDITIONAL PAGES AS MAY BE NECESSARY TO INCLUDE ALL PREVIOUS EMPLOYERS.

## BUSINESS REFERENCES

NAME	ADDRESS/TELEPHONE NUMBER	OCCUPATION

## 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.

ISSUING STATE	ENDORSEMENTS	NUMBER	EXPIRATION DATE

## VIOLATIONS

LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES OF WHICH YOU WERE CONVICTED OR FORFEITED BOND OR COLLATERAL, DURING THE LAST THREE (3) YEARS.

DATE	DESCRIPTION

## ACCIDENTS

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:

DATE	DESCRIPTION	FATALITIES OR PERSONAL INJURIES

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 DRUGS OR ALCOHOL?

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 EVER HAD YOUR LICENSE OR PERMIT TO OPERATE A MOTOR VEHICLE DENIED, REVOKED OR SUSPENDED?

YES  NO

IF "YES" TO ANY OF THE ABOVE, PLEASE SET FORTH IN DETAIL ALL FACTS AND CIRCUMSTANCES:

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## APPLICANT'S CERTIFICATION AND AGREEMENT

### PLEASE READ CAREFULLY:

1. CERTIFICATION OF TRUTHFULNESS. BY SIGNING THIS APPLICATION, 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 ST. CLAIR 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 ST. CLAIR 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 ST. CLAIR COUNTY ROAD COMMISSION, INCLUDING ANY CHANGES 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 ST. CLAIR COUNTY ROAD COMMISSION OR MYSELF. I UNDERSTAND THAT NO MANAGER OR OTHER REPRESENTATIVE OF THE ST. CLAIR 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 ACCOMMODATION. IF I AM A PERSON WITH A DISABILITY WHO REQUIRES AN ACCOMMODATION TO PERFORM THE JOB, I MUST NOTIFY THE ST. CLAIR 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 ST. CLAIR COUNTY ROAD COMMISSION HAS NOT ACCOMMODATED ME AS REQUIRED BY LAW.
6. CRIMINAL RECORDS CHECK. I AGREE TO EXECUTE AN AUTHORIZATION FOR THE ST. CLAIR COUNTY ROAD COMMISSION TO SECURE CRIMINAL CONVECTION HISTORY FROM THE APPROPRIATE LAW ENFORCEMENT AGENCY SHOULD THE ST. CLAIR COUNTY ROAD COMMISSION DETERMINE IT IS NECESSARY TO DO SO.
7. RELEASE OF MEDICAL INFORMATION. IF I AM EXTENDED A CONDITIONAL OFFER OF EMPLOYMENT, I AGREE TO EXECUTE MEDICAL RELEASES WHICH ARE SUFFICIENT TO PERMIT THE PHYSICIAN CONDUCTING THE PRE-EMPLOYMENT PHYSICAL TO OBTAIN MY MEDICAL RECORDS WHICH SUCH PHYSICIAN DETERMINES ARE NECESSARY TO COMPLETE THE PHYSICAL EXAMINATION. I HEREBY RELEASE EVERY MEDICAL DOCTOR, HEALTHCARE PERSONNEL AND EVERY OTHER PERSON OR FIRM, 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 ST. CLAIR 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 THE DECISION 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 ST. CLAIR COUNTY ROAD COMMISSION
9. APTITUDE/PHYSICAL TESTING. IF OFFERED EMPLOYMENT, I AGREE TO SUBMIT TO ANY APTITUDE 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 ENTITY CONDUCTING SUCH TESTING TO RELEASE THE RESULTS OF SUCH EXAMINATION TO THE ST. CLAIR COUNTY ROAD COMMISSION.
10. DRIVING RECORD CHECK. IF APPLYING FOR A POSITION THAT REQUIRES DRIVING A ST. CLAIR COUNTY ROAD COMMISSION VEHICLE, I AUTHORIZE THE ST. CLAIR 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 ST. CLAIR 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 ST. CLAIR COUNTY ROAD COMMISSION SHALL RELY ON THE MOST RECENT INFORMATION FOR ALL PURPOSES.
12. CONSIDERATION OF EMPLOYMENT. I UNDERSTAND THAT MY APPLICATION WILL BE CONSIDERED PURSUANT TO THE ST. CLAIR COUNTY ROAD COMMISSION'S NORMAL PROCEDURES FOR A PERIOD OF SIX (6) MONTHS. IF I AM STILL INTERESTED IN EMPLOYMENT THEREAFTER, I MUST REAPPLY.
13. LIMITATION OF ACTION. I AGREE THAT I SHALL COMMENCE ANY ACTION OR OTHER LEGAL PROCEEDING RELATING TO MY EMPLOYMENT OF THE TERMINATION THEREOF, NO MORE THAN SIX (6) MONTHS AFTER THE EVENT COMPLAINED OF, AND I VOLUNTARILY WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_