

**SCHOOLCRAFT COUNTY ROAD COMMISSION
APPLICATION FOR EMPLOYMENT
For CDL Drivers**

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.

Today's Date: _____ Time: _____

Name: _____
(Last) (First) (Middle)

Social Security #: _____ Telephone #: _____

Current Address: _____ Length of time at this address: _____

Previous Address: _____ Length of time at this address: _____

Job Applied For: _____ Rate of Pay Expected: \$_____ per _____

Do you want to work: Full-Time Part-Time

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

Which of the following are you willing to work?

Nights Weekends Holidays Overtime

Have you ever applied for work with us before? _____

 If yes, when? _____

Please list anyone you know who works for Schoolcraft County Road Commission:

Do you have any skills, qualifications or experiences which you feel would especially fit you for work with us? _____

U.S. Armed Forces Service? Yes No

Branch: _____

Duties: _____

Rating at time of Enlistment: _____

Rating at time of discharge: _____

Were you dishonorably discharged? Yes No

If yes, please explain: _____

Are you able to do the job for which you are applying? Yes No

If not, please explain: _____

Are you 18 years of age or older? 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 of employment.)

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

If hired, when can you start? _____

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APPLICATION FOR EMPLOYMENT for CDL Driver**

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):

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- 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.
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I HAVE READ AND UNDERSTAND THESE RIGHTS.

Applicant's Signature

Date

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 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:

Second to Last Employer

Name:

Dates of Employment:

Address:

Position Held:

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 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 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:

Fourth to Last Employer

Name:

Dates of Employment:

Address:

Position Held:

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 49 CFR Part 40? Yes No

Reason for Leaving:

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:

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 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:

EDUCATION

School	Name of School	# of Years Attended	City / State	Course	
GRAMMER					
HIGH SCHOOL					
COLLEGE					
OTHER					

BUSINESS REFERENCES

Name	Address/Telephone Number	Occupation

