

# MANISTEE COUNTY ROAD COMMISSION EMPLOYMENT APPLICATION

**Instructions:** Carefully complete all parts of this application form, as it is a valuable tool used when considering individuals for employment. Please **TYPE or PRINT** all information clearly in the intended space. Use an extra sheet of paper, or attach a personal resume or cover letter, if you need to clarify any responses. Be specific as to the position you are applying for. If you are applying for more than one position, submit separate applications for each position. Stating you will do "Anything" is non-specific and may result in your application not being accepted by the employer. **Your application will be kept on file for (60) days past the advertised deadline date for the advertised position.**

**DRIVERS LICENSE #:** \_\_\_\_\_ **SOC. SEC. #:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NAME:** \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
**TELEPHONE #**

**CURRENT ADDRESS:** \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_  
**LENGTH OF TIME AT CURRENT ADDRESS:** \_\_\_\_\_ (YEARS / MONTHS)

**PREVIOUS ADDRESS:** \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_  
**LENGTH OF TIME AT PREVIOUS ADDRESS:** \_\_\_\_\_ (YEARS / MONTHS)

**POSITION APPLYING FOR:** \_\_\_\_\_ (BE SPECIFIC) **RATE OF PAY EXPECTED:** \_\_\_\_\_ (PER HOUR)

**LIST ANYONE YOU KNOW WHO WORKS FOR THIS ORGANIZATION, AND THEIR JOB TITLE IF KNOWN:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARE YOU 18 YEARS OLD OR OLDER?**  YES  NO **ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?**  YES  NO

**U.S. ARMED FORCES SERVICE?**  YES  NO **BRANCH?** \_\_\_\_\_ **HONORABLY DISCHARGED?**  YES  NO **RANK AT DISCHARGE?** \_\_\_\_\_

**SPECIFIC MILITARY DUTY / TRAINING THAT RELATES TO THE POSITION APPLYING FOR?**  
 \_\_\_\_\_  
 \_\_\_\_\_

DRIVERS LICENSE ENDORSEMENTS	MECHANIC CERTIFICATIONS	HEAVY EQUIPMENT EXPERIENCE

**ADDITIONAL TRAINING THAT RELATES TO THE POSITION APPLYING FOR?**  
 \_\_\_\_\_  
 \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**  YES  NO  
 (Conviction will not be automatic bar to employment) **IF YES, EXPLAIN WHEN, WHERE, AND NATURE OF THE OFFENSE:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF HIRED LIST DATE YOU CAN START?** \_\_\_\_\_

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## EMPLOYMENT HISTORY

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	REASON FOR LEAVING	TYPE OF WORK PERFORMED	STARTING WAGE	ENDING WAGE
	FROM _____ TO _____				
	FROM _____ TO _____				
	FROM _____ TO _____				
	FROM _____ TO _____				
	FROM _____ TO _____				

## EDUCATION HISTORY

LEVEL	NAME OF SCHOOL	LOCATION (CITY / STATE)	# OF YEARS ATTENDED	COURSE OF STUDY
GRAMMAR / ELEMENTARY				
JR HIGH / MIDDLE SCHOOL				
HIGH SCHOOL				
COLLEGE / TRADE SCHOOL				
OTHER: _____				

## BUSINESS REFERENCES

NAME	ADDRESS / TELEPHONE NUMBER	OCCUPATION

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## APPLICANTS CERTIFICATION AND AGREEMENT

### PLEASE READ THE FOLLOWING (13) ITEMS CAREFULLY:

1. **Certification of Truthfulness.** I certify that all statements on this employment application 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 hired and if employed will result in my dismissal.

2. **Authorization for Employment / Educational Information.** I authorize the references listed in the Employment Application, and any prior employer, educational institute, or any other persons or organizations to give the **Manistee County Road Commission** any and all information requested, and release all parties from liability for any damage that may result from furnishing any lawful information to the **Manistee 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 **Manistee 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 **Manistee County Road Commission** or myself. I understand that no employee or other representative of the **Manistee County Road Commission**, other than the **Manager**, 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 **Manager** must be made in writing to be effective.

4. **Authorization of 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 **Manistee 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 **Manistee County Road Commission** has not accommodated me as required by law.

6. **Criminal Records Check.** I agree to execute an authorization for the **Manistee County Road Commission** to secure criminal conviction history from the appropriate law enforcement agency should the **Manistee 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, physician, 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 medical doctor, physician, or other healthcare provider until an employment 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 **Manistee County Road Commission** or its designated agent(s) to withdraw specimen(s) of my blood, urine and 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 entity conducting such testing to release the results of such testing to the **Manistee County Road Commission**.

9. **Psychological / Physical Testing.** I agree that if a job offer is made to me I will, before commencing employment, 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 testing to release the results of such testing to the **Manistee County Road Commission**.

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## APPLICANTS CERTIFICATION AND AGREEMENT (continued)

10. **Protected Disability.** I also understand that if I have a protected disability that effects my ability to do the job I seek, I may ask the Manistee County Road Commission to attempt to make a reasonable accommodation for it. I must make the request in writing to the personnel department as soon as possible after the date I know that accommodation is needed.

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

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

13. **Consideration of Employment.** I understand my application will be considered pursuant to the Standard Operating Procedures Policy Manual, and the Personnel Policy Manual of the Manistee County Road Commission, and that my application will be kept on file, at the Office of the Manistee County Road Commission for a period of sixty- (60) days from the advertised closing date of the position I am applying for.

**IMPORTANT: I HAVE READ AND UNDERSTAND ITEMS (1) THROUGH (13) LISTED ABOVE, AND ACKNOWLEDGE THAT WITH MY SIGNATURE BELOW.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date

-----  
office use only below this line.  
-----

\_\_\_\_\_  
MCRC Receiving Agent Signature

\_\_\_\_\_  
How was Application Received

Examples: (Mail / Fax / In Person / E-Mail, other...)

\_\_\_\_\_  
Receiving Date

\_\_\_\_\_  
Purge Date (60 days from deadline)

\_\_\_\_\_  
Receiving Time