



Alcona County Road Commission

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Application for Employment Laborer/Truck Driver

Careful and thoughtful completion of this application is an important step in our consideration of individuals for employment. Please complete the entire application. Print clearly using ink. Attach an additional sheet of paper if you need to clarify any responses. Please be specific about the position for which you are applying. Your application will be considered for 60 days.

Today's date: _____ Position(s) applying for: _____

Name: _____ Phone #: (____) _____
(Last) (First) (Middle)

Social Security #: _____ *Date of Birth(MM/DD/YYYY): _____

Commercial Driver's License #: _____ Class: _____ Endorsements: _____

Current address: _____ How long? _____
If less than three years, please list all other addresses in the last three years

Previous address: _____ How long? _____

Previous address: _____ How long? _____

Previous address: _____ How long? _____

Are you authorized to work in the United States: __Yes __No; If hired, when can you start: _____

Do you want to work: __Full Time __Part Time Rate of pay expected: \$ _____ per _____

If applying for part-time, list days/hours you are available: _____

Have you applied with us before: __Yes __No; When: _____

List anyone you know who works for us: _____

Have you read the job description and do you understand the general requirements of this job? __Yes __No

Are you able to do the job for which you are applying? __Yes __No; If no, explain: _____

Please list any accommodations you may need to perform the job for which you are applying: _____

Military Service: __Yes __No; Branch: _____ Dates of Service: _____

Duties: _____ Rank at Discharge: _____

Honorable discharge __Yes __No; If no, explain: _____

Have you ever been convicted of a crime: __Yes __No; If yes, explain when, where, and the nature of the offense: _____

(conviction for a crime will not be an automatic bar to employment)

*Required by 49 C.F.R. §391.21(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 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 you answered "yes" to any of the above, please list in detail the facts and circumstances: _____
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Prior Work Experience
--Notice to Applicant--

The information you provide about previous work experience 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 (FMCSR). 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 previous employers and for that employer to re-submit 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 provide the following information about positions held during the last 10 years

Most Recent Employer: _____ from _____ to _____
Name of Company

Address: _____ Phone: () _____

Supervisor Name: _____

Duties: _____

List what you liked most about the job: _____

List what you liked least about the job: _____

List your reason for leaving: _____

Was job subject to Federal Motor Carrier Safety Regulations: Yes No

Was job designated as safety sensitive in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40? Yes No

2nd Most Recent Employer: _____ from _____ to _____
Name of Company

Address: _____ Phone: () _____

Supervisor Name: _____

Duties: _____

List what you liked most about the job: _____

List what you liked least about the job: _____

List your reason for leaving: _____

Was job subject to Federal Motor Carrier Safety Regulations: __Yes __No

Was job designated as safety sensitive in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40? __Yes __No

3rd Most Recent Employer: _____ from _____ to _____
Name of Company

Address: _____ Phone: () _____

Supervisor Name: _____

Duties: _____

List what you liked most about the job: _____

List what you liked least about the job: _____

List your reason for leaving: _____

Was job subject to Federal Motor Carrier Safety Regulations: __Yes __No

Was job designated as safety sensitive in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40? __Yes __No

4th Most Recent Employer: _____ from _____ to _____
Name of Company

Address: _____ Phone: () _____

Supervisor Name: _____

Duties: _____

List what you liked most about the job: _____

List what you liked least about the job: _____

List your reason for leaving: _____

Was job subject to Federal Motor Carrier Safety Regulations: __Yes __No

Was job designated as safety sensitive in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40? __Yes __No

5th Most Recent Employer: _____ from _____ to _____
Name of Company

Address: _____ Phone: () _____

Supervisor Name: _____

Duties: _____

List what you liked most about the job: _____

List what you liked least about the job: _____

List your reason for leaving: _____

Was job subject to Federal Motor Carrier Safety Regulations: __Yes __No

Was job designated as safety sensitive in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40? __Yes __No

(Attach additional pages as necessary to list previous employers in last ten years)

Please describe your experience in the operation of motor vehicles including the type of equipment which you have operated: _____

List skills, qualifications or experience you feel especially qualifies you to work with us: _____

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 years:

State Number Expiration Date

State Number Expiration Date

State Number Expiration Date

furnishing any lawful information to the Alcona County Road Commission. I 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 Alcona 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 Alcona County Road Commission or myself. I understand that no manager or other representative of the Alcona 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 of accommodation *If I am a person with a disability who requires an accommodation to perform the job, I must notify the Alcona County Road Commission of that need with 182 days after I know 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 Alcona County Road Commission has not accommodated me as required by law.*

6. Criminal records check *I agree to execute an authorization for the Alcona County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Alcona 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 release every medical doctor, healthcare provider, 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 is 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 Alcona 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 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 Alcona 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 examination to release the results of such examination to the Alcona County Road Commission.*

10. Driving record check *I authorize the Alcona County Road Commission and its agents to make investigations and inquiries of my driving record.*

11. Fringe benefits In accepting employment with the Alcona 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, phone numbers or contact arrangements, withholding exemptions, and dependent information. The Alcona County Road Commission shall rely on the most recent information for all purposes.

12. Credit report I understand the Alcona 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, and personal characteristics. I understand 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 Alcona County Road Commission’s normal procedures for a period of 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 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 by my signature below.

By signing below, I also certify 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.

Applicant’s Signature

Date