

Do you have any skills, qualifications or experience which you feel especially fits you for work with us?

U.S. ARMED FORCES SERVICE? YES NO

Branch:

Duties:

Rank at time of enlistment:

Rank at time of discharge:

Were you dishonorably discharged? YES NO

If yes, explain:

Are you able to do the job for which you are applying?: YES NO

If not, please explain:

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 to employment.)

Are you authorized to work in the United States?: YES NO

If hired, when can you start?

EDUCATION

| SCHOOL | NAME OF SCHOOL | HIGHEST GRADE COMPLETED OR DEGREE OBTAINED | COURSE OF STUDY |
|-------------|----------------|--|-----------------|
| GRAMMAR | | | |
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| OTHER | | | |

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:

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:

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:

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:

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:

Fifth to Last Employer

Name:

Dates of
Employment:

Address:

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:

Sixth to Last Employer

Name:

Dates of
Employment:

Address:

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:

*****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 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:

| 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 / 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 Mecosta 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 Mecosta 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 Mecosta 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 Mecosta County Road Commission or myself. I understand that no manager or other representative of the Mecosta 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 Mecosta 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 Mecosta County Road Commission has not accommodated me as required by law.
6. Criminal Records Check. I agree to execute an authorization for the Mecosta County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Mecosta 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 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 Mecosta 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 Mecosta 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 Mecosta County Road Commission.

10. Driving Record Check. If applying for a position that requires driving a Mecosta County Road Commission vehicle, I authorize the Mecosta 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 Mecosta 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 Mecosta County Road Commission shall rely on the most recent information for all purposes.

12. Credit Report. I understand that the Mecosta 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 Mecosta 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.

Applicant's Signature

Date

Revised 03/2005