

BAY COUNTY ROAD COMMISSION/BAY COUNTY DEPT. OF WATER & SEWER
2600 E. BEAVER ROAD
KAWKAWLIN, MI 48631
TELEPHONE: (989) 686-4610 FAX: (989) 686-4620 TTY: (800) 649-3777

EFFECTIVE JUNE 25, 1990, A HANDICAPPER NEEDING ACCOMMODATIONS FOR EMPLOYMENT MUST NOTIFY THE EMPLOYER IN WRITING, WITHIN 182 DAYS AFTER THE NEED IS KNOWN.

EDUCATION:

	Name & Address of School	No. of Years Attended	Did you Graduate?	Subjects Studied
Elementary				
High School				
College				
Other				

Memberships in professional or civic organizations (Exclude those which may disclose your race, color, religion or national origin)

FORMER EMPLOYERS: (List below last three employers, starting with last one first):

Date Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES: Give the names of three persons (other than those named above) not related to you whom you have known for at least one year.

	Name & Address of Reference	Business	Years Acquainted
1.			
2.			
3.			

EXPERIENCE AND QUALIFICATIONS - MAINTENANCE

List special courses and training in maintenance work

INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING:

AREA	FORMAL TRAINING (YES/NO)	YEARS OF EXPERIENCE	AREA	FORMAL TRAINING (YES/NO)	YEARS OF EXPERIENCE

LIST EQUIPMENT YOU CAN OPERATE:
(Loader, Backhoe, Trucks, Etc.)

EQUIPMENT	FORMAL TRAINING (YES/NO)	YEARS OF EXPERIENCE	EQUIPMENT	FORMAL TRAINING (YES/NO)	YEARS OF EXPERIENCE

EXPERIENCE AND QUALIFICATIONS: PROFESSIONAL/TECHNICAL/CLERICAL

List special courses and training in related fields of work

INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING:
(Typing, Filing, Word Processing, Computers, Etc.)

AREA	FORMAL TRAINING (YES/NO)	YEARS OF EXPERIENCE	AREA	FORMAL TRAINING (YES/NO)	YEARS OF EXPERIENCE

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THE FOLLOWING IS REQUIRED INFORMATION UNDER THE MOTOR CARRIER SAFETY ACT OF THE STATE OF MICHIGAN.

If at the present address less than 3 years, list all addresses for past 3 years

No. & Street	City	State	Zip
No. & Street	City	State	Zip
No. & Street	City	State	Zip

DATE OF BIRTH _____

EXPERIENCE AND QUALIFICATIONS - Driver Licenses Held in Past 3 Years Must Be Shown

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ☐ No ☐
- B. Has any license, permit or privilege ever been suspended or revoked? Yes ☐ No ☐

If the answer to either A or B is YES, attach statement giving details

DRIVING EXPERIENCE

Class of Equipment (G.V.W.R.)	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From To	Approx. No. of Miles (Total)

ACCIDENT REVIEW FOR PAST 3 YEARS (Attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	LOCATION	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years other than parking violations:

LOCATION	DATE	CHARGE	PENALTY

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment or additional information requested as may be necessary in arriving at an employment decision, and applicant releases employers and persons named herein from all liability for damages on account of the furnishing of such information.

I authorize the Bay County Road Commission/Bay County Dept. of Water & Sewer to obtain a copy of my driving record from the Michigan Department of State or from the equivalent agency of any other state.

If I am applying for a safety-sensitive position with the Bay County Road Commission/Bay County Dept. of Water & Sewer, by signing this application, I authorize the Bay County Road Commission/Bay County Dept. of Water & Sewer to obtain the following information from my previous employers. Such information will contain any and all information on my alcohol tests resulting in concentrations of 0.04 percent or higher, positive controlled substance test results, and any refusal to submit to testing since January 1, 1995. Refusal on my part to grant the Bay County Road Commission/Bay County Dept. of Water & Sewer permission to obtain the above information will be considered disqualification for consideration of employment. I understand that the release of the above information is required to be received by the Bay County Road Commission/Bay County Dept. of Water & Sewer within 14 days of the date of this application. If I am hired and the requested information is not received within the 14-day period, I will be removed from performing a safety sensitive function until such time as the information is received or the Bay County Road Commission/Bay County Dept. of Water & Sewer makes a final determination on the case.

If I am applying for a safety-sensitive position with the Bay County Road Commission/Bay County Dept. of Water & Sewer, I acknowledge receipt of a copy of the Bay County Road Commission/Bay County Dept. of Water & Sewer Commercial Motor Vehicle Driver Substance Abuse Policy, as well as the Operating Procedures for the Bay County Road Commission/Bay County Dept. of Water & Sewer Commercial Motor Vehicle Driver Substance Abuse Policy.

It is agreed and understood, that the Bay County Road Commission/Bay County Dept. of Water & Sewer may investigate the applicant's police record, criminal court appearances or convictions to ascertain any and all information of concern regarding the applicant's background and character.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Comments: _____

Hired: Yes ☐ No ☐ Position _____ Dept. _____

Salary/Wage _____ Date Reporting to Work _____

Approved: 1. _____ 2. _____ 3. _____

Dept. Head (If Applicable)

General Superintendent

Engineer-Manager