



CALHOUN COUNTY ROAD DEPARTMENT
13300 FIFTEEN MILE ROAD
MARSHALL, MICHIGAN 49068
269/781-9841 or 1-800-781-5512 (phone)
269/781-6101 (fax)
www.calhouncountyroads.com

APPLICATION FOR EMPLOYMENT

Completion of this application is a requirement for consideration of employment. Please complete the entire application in ink. Specify the position for which you are applying. Applications will be kept on file for sixty (60) days.

Date: _____ Position: _____

Date Available to Start Work: _____

Name: _____
Last First Middle

Current Address: _____ How Long: _____
Street

_____ City State Zip

Home Phone Number: _____ Cell Phone Number: _____ Other: _____

OTHER ADDRESSES DURING THE LAST 3 YEARS:

Previous Address: _____ How Long: _____
Street

_____ City State Zip

Previous Address: _____ How Long: _____
Street

_____ City State Zip

May we contact you at work? _____ Yes _____ No If yes, work number: _____

Driver's License Number: _____ State: _____ Expiration: _____

Please list endorsements: (CDL Type, A,B,C,HAZ, etc.) _____

List any traffic violations during the past 5 years: _____

Please answer the following questions by circling yes or no.

Yes No Do you have a valid Commercial Driver's License (CDL)?

Yes No DOT Physical Renewal Date:_____

Yes No Have you previously been employed by the Calhoun County Road Department? If yes, please list dates:_____

Yes No Do you have any relatives who now work for the Calhoun County Road Department? If yes, please list names:_____

Yes No The job for which you are applying may require work on Saturdays, Sundays and/or Holidays. Are you willing to work such a schedule as a condition of your continued employment?

Yes No Are you 18 years of age or older?

Yes No Are you legally eligible for employment in this country? (Proof of U.S. Citizenship or Immigration status will be required upon employment.)

Yes No May we contact your present employer?

Yes No Have you ever been convicted of operating a vehicle while under the influence of alcohol, controlled substances, or while visually impaired?

Yes No Have you ever been convicted of a crime or any offense/other than a minor traffic violation?

If yes, when: _____

where: _____

offense: _____

Yes No Have you ever been disqualified under the Federal Motor Carrier Safety Regulations?

Yes No Have you ever refused to test, or tested positive, on a pre-employment drug test administered by an employer to which you applied for a safety-sensitive position covered by DOT drug and alcohol testing regulations?

MILITARY EXPERIENCE

Military Branch Name: _____ Induction Date: _____

Date of enlistment: _____ Rank at time of enlistment: _____

Date of discharge: _____ Rank at time of discharge: _____

Type of Discharge: Honorable Dishonorable: Explain: _____

Special Training/Duties: _____

EDUCATIONAL BACKGROUND

	High School	College/Specialized	Graduate/Professional
School Name & Location (City/State)			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and job-related extra-curricular activities			
Describe any additional educational information you feel may be helpful to us in considering your application			

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience that may qualify you for work with the Calhoun County Road Department.

PREVIOUS EMPLOYMENT – please fill out completely

List your previous employers starting with the **most recent**. Explain any gaps in employment in comment section below.

1. Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address	From	To	
Telephone No. ()			
Job Title	Start Rate	Final Rate	
	\$	\$	
Supervisor Name:			
Please Circle One			
Were you subject to FMCSRs* while employed by above employer?	Yes	No	
Was job designated as safety sensitive, DOT regulated, and subject to alcohol and controlled substances testing?	Yes	No	
Reason for Leaving:			

2. Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address	From	To	
Telephone No. ()			
Job Title	Start Rate	Final Rate	
	\$	\$	
Supervisor Name:			
Please Circle One			
Were you subject to FMCSRs while employed by above employer?	Yes	No	
Was job designated as safety sensitive, DOT regulated, and subject to alcohol and controlled substances testing?	Yes	No	
Reason for Leaving			

*Federal Motor Carrier Safety Regulations (FMCSRs)

Comments: _____

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3. Employer		Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address		From	To	
Telephone No. ()				
Job Title		Start Rate	Final Rate	
		\$	\$	
Supervisor Name:				
Please Circle One				
Were you subject to FMCSRs while employed by above employer?		Yes	No	
Was job designated as safety sensitive, DOT regulated, and subject to alcohol and controlled substances testing?		Yes	No	
Reason for Leaving				

4. Employer		Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address		From	To	
Telephone No. ()				
Job Title		Start Rate	Final Rate	
		\$	\$	
Supervisor Name:				
Please Circle One				
Were you subject to FMCSRs while employed by above employer?		Yes	No	
Was job designated as safety sensitive, DOT regulated, and subject to alcohol and controlled substances testing?		Yes	No	
Reason for Leaving				

*Federal Motor Carrier Safety Regulations (FMCSRs)

Comments: _____

BUSINESS REFERENCES

List contact information for three **BUSINESS/WORK** references that are **not** related to you.

NAME & ADDRESS	EMAIL ADDRESS/PHONE #	OCCUPATION

PERSONAL REFERENCES

List name and telephone number of three **PERSONAL** references that are **not** related to you.

NAME & ADDRESS	EMAIL ADDRESS/PHONE #	YEARS KNOWN

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 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.

Date	Description	Fatalities/Personal Injuries

Motor vehicle and equipment operating experience: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

1. 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, may result in my dismissal.
2. I authorize the references, prior employers, educational institutions, or other persons or organizations listed in the Application for Employment to give the Calhoun County Road Department all pertinent information and release all parties from any liability resulting from furnishing lawful information to the Calhoun County Road Department.

APPLICANT'S SIGNATURE: _____

DATE: _____