



*Employment Application*  
*For Employment with*  
**ST. CLAIR COUNTY ROAD COMMISSION**  
**21 Airport Drive, St. Clair, Michigan 48079-1404**

**Employment Application**

ALL QUALIFIED APPLICATIONS WILL RECEIVE CONSIDERATION FOR EMPLOYEMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HEIGHT, WEIGHT, VETERANS AND/OR DISABILITY WITH REASONABLE ACCOMMODATIONS TO PERFORM THE JOB.

IF SUFFICIENT SPACE IS NOT PROVIDED HEREIN FOR YOU TO GIVE COMPLETE ANSWERS TO CERTAIN QUESTIONS OR IF YOU WISH TO GIVE ADDITIONAL INFORMATION NOT CALLED FOR, PLEASE ATTACH SUCH ADDITIONAL INFORMATION TO THIS APPLICATION.

1. Title of position or type of work for which you are making application: \_\_\_\_\_

Full-Time

Temporary

Part-Time

Date you can begin work: \_\_\_\_\_

2. Your name in full: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

Apt#

\_\_\_\_\_

City

State

Zip Code

3. Social Security Number: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

4. Are you on a lay-off and subject to recall? \_\_\_\_\_

5. Can you travel if a job requires it? \_\_\_\_\_

6. If the above address is less than three (3) years old, list all addresses for the past three years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Do you possess a Commercial Driver's License with a **GROUP "A"** designation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what is your Commercial Driver's License Number: \_\_\_\_\_

Commercial Driver's License Endorsement(s): \_\_\_\_\_

(Example: T, P, N, H, X, Air Brakes) State where Issued: \_\_\_\_\_

State where issued: \_\_\_\_\_

8. Give the information requested on each unexpired motor vehicle operator's or chauffeur's license of permit that has been issued to you:

_____	_____	_____
Issuing State	Number	Expiration Date

_____	_____	_____
Issuing State	Number	Expiration Date

9. State nature and extent of experience in the operation of vehicles, including the type of equipment, such as buses, trucks, truck tractors, semitrailers, full trailers and pole trailers, that you have operated:

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10. List all motor vehicle accidents in which you have been involved during the three (3) years immediately preceding the date this application is submitted to the St. Clair County Road Commission, specifying the date and nature of each accident and fatalities or personal injuries caused thereby:

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11. List all violations of motor vehicle laws or ordinances, other than violations involving parking only, of which you were convicted or forfeited bond or collateral during the three (3) years immediately preceding the date this application is submitted to the St. Clair County Road Commission:

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12. State, in detail, the facts and circumstances of any denial, revocation, or suspension of a license, permit or privilege to operate a motor vehicle that has been issued to you or a statement that no such denial, revocation or suspension has occurred:

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13. Are you eighteen years of age or older? \_\_\_\_\_

14. If you are not a United States citizen, are you legally eligible for employment in the United States? \_\_\_\_\_

15. Have you served in the Armed Forces of the United States? \_\_\_\_\_

Relevant skills and training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Branch of Service: \_\_\_\_\_

16. Have you previously been employed by the St. Clair County Road Commission? \_\_\_\_\_

17. Do you have any of the following relatives working for the St. Clair County Road Commission at this time? \_\_\_\_\_

If yes, please state their name and relationship.

- |          |         |                |
|----------|---------|----------------|
| Father   | Husband | Father-in-law  |
| Mother   | Wife    | Mother-in-law  |
| Son      | Brother | Brother-in-law |
| Daughter | Sister  | Sister-in-law  |

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Relationship:

18. Have you ever been bonded? \_\_\_\_\_ If yes, on what job(s)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

19. Have you ever been convicted of a felony? \_\_\_\_\_ If yes, give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. EMPLOYMENT EXPERIENCE:

List your last three employers (no matter what the time frame) immediately preceding the date of this application, beginning with your most recent. If you have had more than three employers during the last three years, please list all employers within the last three years.

Company Name/Address/Business Type:	From	To	Weekly Starting Salary:	Weekly Last Salary:	Name of Supervisor:
Telephone No.:					
Describe the work you performed:					
Reason for leaving:					

Company Name/Address/Business Type:	From	To	Weekly Starting Salary:	Weekly Last Salary:	Name of Supervisor:
Telephone No.:					
Describe the work you performed:					
Reason for leaving:					

Company Name/Address/Business Type:	From	To	Weekly Starting Salary:	Weekly Last Salary:	Name of Supervisor:
Telephone No.:					
Describe the work you performed:					
Reason for leaving:					

(List additional employers on the back of this sheet)

21. EDUCATION:

	Elementary	High School	College/University	Graduate/Professional
School Name				
Degree:				
Describe Course of Study:				

Please list all educational and work experience which you feel qualify you for the position sought:

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Honors received: \_\_\_\_\_

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22. List any professional or technical organizations that relate to the job for which you are applying: \_\_\_\_\_

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23. This job requires an ability to work unusual hours on an overtime basis. Can you meet this requirement? \_\_\_\_\_

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.

\_\_\_\_\_  
Date:

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





*Employment Application*  
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**ST. CLAIR COUNTY ROAD COMMISSION**  
**21 Airport Drive, St. Clair, Michigan 48079-1404**

**Applicant's Certification and Agreement**  
(Please read carefully)

**The St. Clair County Road Commission is an Equal Opportunity Employer**

The St. Clair County Road Commission does not discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand and agree that:

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 will result in my dismissal.
2. I hereby authorize and specifically direct the release of any and all employment information (including alcohol and drug test results, if any, for the last three years) to the St. Clair County Road Commission and waive liability and my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand, drug/alcohol test results or other disciplinary action regarding me is divulged to you by present or former employers.
3. If I am hired, in consideration of my employment, I agree to abide by the rules and policies of the St. Clair County Road Commission, including any changes 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 the St. Clair County Road Commission or myself. I understand that no manager or other representative of the St. Clair 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. If employed, I understand that my employment is for no definite period of time, and if terminated, the St. Clair County Road Commission is liable only for wages and salary earned as of the date of termination.
4. I agree that if a job offer is made to me I will, before commencing employment, take a physical examination and authorize the St. Clair County Road Commission or its designated agent(s) to withdraw specimen(s) of blood, urine, or hair for chemical analysis. I understand commencement of employment is contingent on my passing this physical examination. I further authorize any physician or entity conducting such testing to release the results of such testing to the St. Clair County Road Commission.
5. If I am a person with a disability who requires an accommodation to perform the job, I must notify the St. Clair 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 St. Clair County Road Commission has not accommodated me as required by law.

**Applicant's Certification and Agreement - PAGE 2**

6. I agree to execute an authorization for the St. Clair County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the St. Clair County Road Commission determine it is necessary to do so.
7. If applying for a position that requires driving a St. Clair County Road Commission vehicle, I authorize the St. Clair County Road Commission and its agents the authority to make investigations and inquires of my driving record.
8. In accepting employment with the St. Clair 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 St. Clair County Road Commission shall rely on the most recent information for all purposes.
9. I understand and agree that because of the nature of the St. Clair County Road Commission's business, the Commission has the right to investigate and search any and all equipment and/or property of or on the St. Clair County Road Commission's premises, including the undersigned and any property I possess on/in the St. Clair County Road Commission's premises, facilities or equipment at any time without advance notice.
10. 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.
11. I understand that my Application will be considered pursuant to the St. Clair County Road Commission's normal procedures for a period of sixty (60) days. **IF I AM STILL INTERESTED IN EMPLOYMENT THEREAFTER, I MUST REAPPLY.**

I have read items 1 – 11 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.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_