



ST. CLAIR COUNTY ROAD COMMISSION

21 AIRPORT DRIVE
ST. CLAIR, MICHIGAN 48079-1404
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EMAIL: roads@stclaircounty.org
WEBSITE: www.sccrc-roads.org

EMPLOYMENT APPLICATION — ADMINISTRATION

CAREFUL AND THOUGHTFUL COMPLETION OF THIS APPLICATION IS AN IMPORTANT STEP IN OUR CONSIDERATION OF INDIVIDUALS FOR EMPLOYMENT. PLEASE COMPLETE THE ENTIRE APPLICATION. **THE ST. CLAIR COUNTY ROAD COMMISSION IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL NOT DISCRIMINATE AMONG APPLICANTS OR EMPLOYEES WITH REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, HEIGHT, WEIGHT, MARITAL STATUS, DISABILITY, VETERAN STATUS OR ON THE BASIS OF ANY CHARACTERISTIC THAT IS PROTECTED BY STATE OR FEDERAL LAW.**

TODAY'S DATE:		POSITION SOUGHT:	
NAME:			
(LAST)		(FIRST)	
(MIDDLE)			
SOCIAL SECURITY # :	TELEPHONE #:	CELL PHONE #	
EMAIL ADDRESS:		DATE OF BIRTH:	
		<i>(FOR IDENTIFICATION ONLY. DO NOT INCLUDE YEAR OF BIRTH)</i>	
DRIVERS LICENSE #	STATE:	ARE YOU AT LEAST 18 YEARS OF AGE?	
CURRENT ADDRESS:		DATES OF RESIDENCY:	
ALL OTHER PREVIOUS ADDRESSES DURING THE LAST 3 YEARS :		<u>DATES OF RESIDENCY</u>	
1. _____		1. _____	
2. _____		2. _____	
3. _____		3. _____	
WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING WITH THE ROAD COMMISSION? <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL			
ARE YOU ON LAY-OFF AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CAN YOU TRAVEL IF A JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
THIS JOB MAY REQUIRE THE ABILITY TO WORK UNUSUAL HOURS ON AN OVERTIME BASIS. CAN YOU MEET THIS REQUIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?: <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU PHYSICALLY ABLE TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING FOR WITHOUT ACCOMMODATION?: <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YOU NEED ACCOMMODATION, WHAT DO YOU BELIEVE WOULD BE REQUIRED, AND WHAT IS THE NATURE OF THE DISABILITY FOR WHICH THE EMPLOYER WOULD NEED TO PROVIDE ACCOMMODATION?			

IF HIRED, WHAT DATE CAN YOU START?			
DO YOU HAVE ANY RELATIVES WHO WORK FOR THE ST. CLAIR COUNTY ROAD COMMISSION? IF SO, WHO?			

EDUCATION

SCHOOL	NAME OF SCHOOL CITY, STATE	HIGHEST GRADE COMPLETED/ DEGREE OBTAINED	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

LIST ANY SPECIAL SKILLS, QUALIFICATIONS, EDUCATION OR EXPERIENCE ACQUIRED WHICH YOU FEEL QUALIFIES YOU FOR THE POSITION SOUGHT:

LIST ALL SOFTWARE THAT YOU ARE PROFICIENT IN, AND EXTENT OF EXPERIENCE:

LIST ALL PROFESSIONAL LICENSES, CERTIFICATIONS OR AFFILIATIONS YOU POSSESS:

HAVE YOU EVER HAD A LICENSE, REGISTRATION, CERTIFICATE, ETC., (RELATED TO THE POSITION YOU ARE APPLYING FOR) SUSPENDED, REVOKED, PLACED ON PROBATION OR LAPSED FOR ANY REASON? Yes No IF YES, PLEASE EXPLAIN:

HAVE YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES? Yes No

BRANCH OF SERVICE: _____

RANK AT TIME OF ENLISTMENT: _____

RANK AT TIME OF DISCHARGE: _____

WERE YOU DISHONORABLY DISCHARGED? Yes No IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CHARGED WITH A FELONY, OR CONVICTED OF A CRIME (OTHER THAN A TRAFFIC OFFENSE)? 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. AGE AT TIME OF OFFENSE, NATURE OF THE VIOLATION, AND REHABILITATION, WILL BE TAKEN INTO CONSIDERATION).

PRIOR WORK EXPERIENCE

LIST YOUR LAST THREE EMPLOYERS 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.

EMPLOYMENT #1

EMPLOYER NAME:	STARTING PAY:	(PER HOUR)
EMPLOYER ADDRESS:	ENDING PAY:	(PER HOUR)
DATES OF EMPLOYMENT: FROM: TO:	YOUR TITLE:	
SUPERVISORS NAME & TITLE:	MONTHS IN LAST POSITION:	
DESCRIBE YOUR DUTIES:		
REASON FOR LEAVING:		

EMPLOYMENT #2

EMPLOYER NAME:	STARTING PAY:	(PER HOUR)
EMPLOYER ADDRESS:	ENDING PAY:	(PER HOUR)
DATES OF EMPLOYMENT: FROM: TO:	YOUR TITLE:	
SUPERVISORS NAME & TITLE:	MONTHS IN LAST POSITION:	
DESCRIBE YOUR DUTIES:		
REASON FOR LEAVING:		

EMPLOYMENT #3

EMPLOYER NAME:	STARTING PAY:	(PER HOUR)
EMPLOYER ADDRESS:	ENDING PAY:	(PER HOUR)
DATES OF EMPLOYMENT: FROM: TO:	YOUR TITLE:	
SUPERVISORS NAME & TITLE:	MONTHS IN LAST POSITION:	
DESCRIBE YOUR DUTIES:		
REASON FOR LEAVING:		

ATTACH ADDITIONAL PAGES AS MAY BE NECESSARY TO INCLUDE ALL PREVIOUS EMPLOYERS.

BUSINESS REFERENCES

NAME	ADDRESS/TELEPHONE NUMBER	OCCUPATION

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY:

1. CERTIFICATION OF TRUTHFULNESS. BY SIGNING THIS APPLICATION, 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 ST. CLAIR 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 ST. CLAIR 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 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 EITHER 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.
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 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.
6. CRIMINAL RECORDS CHECK. I AGREE TO EXECUTE AN AUTHORIZATION FOR THE ST. CLAIR COUNTY ROAD COMMISSION TO SECURE CRIMINAL CONVECTION HISTORY FROM THE APPROPRIATE LAW ENFORCEMENT AGENCY SHOULD THE ST. CLAIR COUNTY ROAD COMMISSION DETERMINE IT IS NECESSARY TO DO SO.
7. RELEASE OF MEDICAL INFORMATION. IF I AM EXTENDED A CONDITIONAL OFFER OF EMPLOYMENT, I AGREE TO EXECUTE MEDICAL RELEASES WHICH ARE SUFFICIENT TO PERMIT THE PHYSICIAN CONDUCTING THE PRE-EMPLOYMENT PHYSICAL TO OBTAIN MY MEDICAL RECORDS WHICH SUCH PHYSICIAN DETERMINES ARE NECESSARY TO COMPLETE THE PHYSICAL EXAMINATION. I HEREBY RELEASE EVERY MEDICAL DOCTOR, HEALTHCARE PERSONNEL AND EVERY OTHER PERSON OR FIRM, 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 ST. CLAIR 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 DECISION 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 ST. CLAIR COUNTY ROAD COMMISSION.
9. APTITUDE/PHYSICAL TESTING. IF OFFERED EMPLOYMENT, I AGREE TO SUBMIT TO ANY APTITUDE 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 ENTITY CONDUCTING SUCH TESTING TO RELEASE THE RESULTS OF SUCH EXAMINATION TO THE ST. CLAIR COUNTY ROAD COMMISSION.
10. DRIVING RECORD CHECK. 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 INQUIRIES OF MY DRIVING RECORD.
11. FRINGE BENEFITS. 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.
12. CONSIDERATION OF EMPLOYMENT. I UNDERSTAND THAT MY APPLICATION WILL BE CONSIDERED PURSUANT TO THE ST. CLAIR COUNTY ROAD COMMISSION'S NORMAL PROCEDURES FOR A PERIOD OF SIX (6) MONTHS. IF I AM STILL INTERESTED IN EMPLOYMENT THEREAFTER, I MUST REAPPLY.
13. LIMITATION OF ACTION. I AGREE THAT I SHALL COMMENCE ANY ACTION OR OTHER LEGAL PROCEEDING RELATING TO MY EMPLOYMENT OF THE TERMINATION THEREOF, NO MORE THAN SIX (6) MONTHS AFTER THE EVENT COMPLAINED OF, AND I VOLUNTARILY WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

APPLICANT SIGNATURE: _____

DATE: _____