



**Iron County Road Commission
800 West Franklin Street
Iron River, MI 49935**

APPLICATION FOR EMPLOYMENT FOR CDL DRIVERS

CAREFUL AND THOUGHTFUL COMPLETION OF THIS APPLICATION IS AN IMPORTANT STEP IN OUR CONSIDERATION OF INDIVIDUALS FOR EMPLOYMENT. PLEASE COMPLETE THE ENTIRE APPLICATION. PRINT IN INK. ASK FOR AN EXTRA PIECE OF PAPER IF YOU NEED TO CLARIFY ANY RESPONSES. YOUR APPLICATION MUST ALSO SPECIFY THE POSITION FOR WHICH YOU ARE APPLYING. STATING THAT YOU WILL DO "ANYTHING" IS INDEFINITE AND MAY RESULT IN YOUR APPLICATION NOT BEING ACCEPTED BY THE EMPLOYER. YOUR APPLICATION WILL BE CONSIDERED FOR SIXTY (60) DAYS.

TODAY'S DATE:	TELEPHONE #:	
NAME:		
(LAST)	(FIRST)	(MIDDLE)
SOCIAL SECURITY #:	DATE OF BIRTH*:	
CURRENT ADDRESS:	DATES OF RESIDENCY:	
ALL OTHER ADDRESSES DURING THE LAST 3 YEARS:		
PREVIOUS ADDRESSES:		DATES OF RESIDENCY:
POSITION(S) APPLIED FOR:	1.	
	RATE OF PAY: \$ PER	
	2.	
	RATE OF PAY: \$ PER	
DO YOU WANT TO WORK: <input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME		
IF APPLYING ONLY FOR PART-TIME, WHAT DAYS AND HOURS?		
HAVE YOU EVER APPLIED FOR WORK WITH US BEFORE? <input type="radio"/> YES <input type="radio"/> NO		
IF YES, WHEN?		
IF HIRED, WHEN CAN YOU START?		
LIST ANYONE YOU KNOW WHO WORKS FOR US:		
LIST ANY SKILLS, QUALIFICATIONS OR EXPERIENCE WHICH YOU FEEL ESPECIALLY FITS YOU FOR WORK WITH US:		
DO YOU CURRENTLY HAVE A VALID MICHIGAN CDL DRIVERS LICENSE? <input type="radio"/> YES <input type="radio"/> NO		
LIST ENDORSEMENTS:		
ARE YOU ABLE TO DO THE JOB FOR WHICH YOU ARE APPLYING? <input type="radio"/> YES <input type="radio"/> NO		
IF NO, PLEASE EXPLAIN:		

*REQUIRED BY 49C.F.R. §391.21(b) (2).

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
 IF YES, PLEASE EXPLAIN WHEN, WHERE, AND THE NATURE OF THE OFFENSE: *(CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT.)*

U.S. ARMED FORCES SERVICE: YES NO
 BRANCH: _____ DUTIES: _____

 RANK AT TIME OF ENLISTMENT: _____
 RANK AT TIME OF DISCHARGE: _____
 WERE YOU HONORABLY DISCHARGED? YES NO IF NO, EXPLAIN: _____

EDUCATION

SCHOOL	NAME/ADDRESS 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 (FMCSRs).

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:

1) CURRENT OR MOST RECENT EMPLOYER:

NAME-

ADDRESS-

TELEPHONE-

DATES OF EMPLOYMENT:

POSITION HELD:

RATE OF PAY:

SUPERVISOR'S NAME:

DESCRIBE YOUR JOB DUTIES:

REASON FOR LEAVING:

WERE YOU SUBJECT TO FMCSRS WHILE EMPLOYED BY THIS EMPLOYER? YES NO

WAS YOUR JOB 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

2) NEXT MOST RECENT EMPLOYER:

NAME-

ADDRESS-

TELEPHONE-

DATES OF EMPLOYMENT:

POSITION HELD:

RATE OF PAY:

SUPERVISOR'S NAME:

DESCRIBE YOUR JOB DUTIES:

REASON FOR LEAVING:

WERE YOU SUBJECT TO FMCSRS WHILE EMPLOYED BY THIS EMPLOYER? YES NO

WAS YOUR JOB 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

3) PREVIOUS EMPLOYER:

NAME-

ADDRESS-

TELEPHONE-

DATES OF EMPLOYMENT:

POSITION HELD:

RATE OF PAY:

SUPERVISOR'S NAME:

DESCRIBE YOUR JOB DUTIES:

REASON FOR LEAVING:

WERE YOU SUBJECT TO FMCSRS WHILE EMPLOYED BY THIS EMPLOYER? YES NO

WAS YOUR JOB 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

4) PREVIOUS EMPLOYER:

NAME-

ADDRESS-

TELEPHONE-

DATES OF EMPLOYMENT:

POSITION HELD:

RATE OF PAY:

SUPERVISOR'S NAME:

DESCRIBE YOUR JOB DUTIES:

REASON FOR LEAVING:

WERE YOU SUBJECT TO FMCSRS WHILE EMPLOYED BY THIS EMPLOYER? YES NO

WAS YOUR JOB 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

5) PREVIOUS EMPLOYER:

NAME-

ADDRESS-

TELEPHONE-

DATES OF EMPLOYMENT:

POSITION HELD:

RATE OF PAY:

SUPERVISOR'S NAME:

DESCRIBE YOUR JOB DUTIES:

REASON FOR LEAVING:

WERE YOU SUBJECT TO FMCSRS WHILE EMPLOYED BY THIS EMPLOYER? YES NO

WAS YOUR JOB 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

6) PREVIOUS EMPLOYER:

NAME-

ADDRESS-

TELEPHONE-

DATES OF EMPLOYMENT:

POSITION HELD:

RATE OF PAY:

SUPERVISOR'S NAME:

DESCRIBE YOUR JOB DUTIES:

REASON FOR LEAVING:

WERE YOU SUBJECT TO FMCSRS WHILE EMPLOYED BY THIS EMPLOYER? YES NO

WAS YOUR JOB 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

YOU MAY ATTACH ADDITIONAL PAGES AS 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.		
STATE	LICENSE NUMBER	EXPIRATION DATE

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:	
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 IT CAUSED:		
DATE	DESCRIPTION	FATALITIES OR PERSONAL INJURIES

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 (FMCSRS)?	<input type="radio"/> YES	<input type="radio"/> NO
• HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL, A NARCOTIC DRUG, AMPHETAMINES OR METHAMPHETAMINES OR DERIVATIVES THEREOF?	<input type="radio"/> YES	<input type="radio"/> 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?	<input type="radio"/> YES	<input type="radio"/> 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?	<input type="radio"/> YES	<input type="radio"/> 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 Iron 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 Iron 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 Iron 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 Iron County Road Commission or myself. I understand that no manager or other representative of the Iron 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 Iron County Road Commission of that need within 182 days after I know 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 Iron County Road Commission has not accommodated me as required by law.
6. **Criminal Records Check.** I agree to execute an authorization for the Iron County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Iron 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 Iron 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 Iron 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 Iron County Road Commission.

APPLICANT'S CERTIFICATION AND AGREEMENT

CONTINUED:

10. **Driving Record Check.** If applying for a position that requires driving an Iron County Road Commission vehicle, I authorize the Iron 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 Iron 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 Iron County Road Commission shall rely on the most recent information for all purposes.
12. **Credit Report.** I understand that the Iron 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 Iron 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 I COMPLETED THIS APPLICATION, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

DATE

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COMPLETED APPLICATION ***MUST BE RETURNED TO THE BUSINESS OFFICE*** OF THE IRON COUNTY ROAD COMMISSION
AT 800 WEST FRANKLIN STREET, IRON RIVER, MICHIGAN,
EITHER IN PERSON OR VIA US MAIL SERVICE.