

CDL



Iron County Road Commission
800 W. Franklin Street, Iron River MI 49935
906-265-6686

APPLICATION FOR EMPLOYMENT

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 or complete the fillable online form. You can submit the application by email to info@ironcountyroads.com, by mail to the address above, or drop off at the Iron River office during business hours.

Your application must also specify the position for which you are applying. Stating that you will do “anything” may disqualify your application. If applying for seasonal work, please note “Summer Temp” or “Winter Seasonal” in the Position Applied For box. Your application will be considered for sixty (60) days. Please note you must be 18 years or older and have a valid driving license to work at the road commission.

Contact Information & Questions

| | | |
|---|--|--|
| Full Name: | Phone #: | Email: |
| Social Security # (required for CDL apps): | Date of Birth (required for CDL apps): | Are you registered in the FMCSA Clearinghouse? |
| Current Address: | Length of time at this address: | |
| List All Other Addresses in the Last 3 Years: Include Dates of Residency (mm/yyyy – mm/yyyy) | | |
| Address: | Dates of Residency: | |
| Address: | Dates of Residency: | |
| Address: | Dates of Residency: | |
| Position(s) Applied For: | 1) | 2) |
| Desired Rate of Pay: | 1) | 2) |
| First Available Start Date: | | |
| Are you 18 years or older? | | |
| Do you have a valid CDL driver's license? List any endorsements. | | |
| Do you want to work full-time or part-time? | | |
| If part-time, what days/hours? | | |

| | |
|---|--|
| Have you worked with us before? If yes, when? | |
| List anyone you know who works for us: | |
| Are you authorized to work in the United States? | |
| Please list any U.S. Armed Forces Service. | |
| Have you ever been convicted of a crime? If yes, please explain, when, where, and the nature of the offense in the box below. <i>Please note that a conviction of a crime does not automatically disqualify you from employment.</i> | |
| Yes No | |

Education & Experience

| | Name of School | Highest Grade or Degree | Course of Study |
|-------------|----------------|-------------------------|-----------------|
| High School | | | |
| College | | | |
| Other | | | |

List any additional qualifications relevant to this position. For example, trainings, certifications, specific skills or knowledge.

Work History – FMCSA §391.21(b)(11) requires that an application for employment contain 10 years of prior employment information on the driver. Attach additional pages if necessary.

Notice to CDL 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.

Signature: _____

Begin with current or most recent employer.

May we Contact Your Current Employer? Yes No

| Employer (include city/state) | Position/Rate | Dates of Employment |
|--|---------------|---------------------|
| | | |
| Phone Number: | | |
| Describe your job duties: | | |
| Were you subject to FMCRS while employed by this employer? Yes No | | |
| Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR part 40? Yes No | | |
| Reason for leaving: | | |

| Employer (include city/state) | Position/Rate | Dates of Employment |
|--|---------------|---------------------|
| | | |
| Phone Number: | | |
| Describe your job duties: | | |
| Were you subject to FMCRS while employed by this employer? Yes No | | |
| Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR part 40? Yes No | | |
| Reason for leaving: | | |

| Employer (include city/state) | Position/Rate | Dates of Employment |
|-------------------------------|---------------|---------------------|
| | | |
| Phone Number: | | |
| Describe your job duties: | | |

| |
|---|
| |
| <p>Were you subject to FMCRS while employed by this employer? Yes No</p> <p>Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR part 40? Yes No</p> |
| <p>Reason for leaving:</p> |

| Employer (include city/state) | Position/Rate | Dates of Employment |
|---|---------------|---------------------|
| | | |
| <p>Phone Number:</p> | | |
| <p>Describe your job duties:</p> | | |
| <p>Were you subject to FMCRS while employed by this employer? Yes No</p> <p>Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR part 40? Yes No</p> | | |
| <p>Reason for leaving:</p> | | |

| 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)?

Yes No

Have you ever been convicted of driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof?

Yes 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?

Yes 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?

Yes No

If "yes" to any of the above, please set forth in detail all facts and circumstances:

Professional References

| Name | Business Relationship | Phone Number |
|------|-----------------------|--------------|
| | | |
| | | |
| | | |

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 I 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 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 specimens 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.
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 related 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 which is longer to the contrary.

I have read and understand items #1 through #14 above, and I acknowledge that with my signature below. This certifies that I have completed the application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date