

APPLICATION FOR EMPLOYMENT {See 49 CFR 391.21}

Employment + 3 years

This Application must be filled out completely or it will not be processed.

Prospective Employer:

Delta County Road Commission
3000 32nd Ave. North
Escanaba, MI 49829

Phone: 906-786-3200
Fax: 906-786-1510

Application Submitted: ___/___/___

Applicant: Read and sign the following notification prior to submitting this Application for Employment.

(A) The information you provide in this Application, including but not limited to the information required by 49 CFR 391.21(b)(10)(11) below may be used, and your previous employer(s) will be contacted, for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d)(e) and 49 CFR 40.25 (re drug and alcohol information).

(B) As the prospective employer, Delta County Road Commission, hereby notifies you that you have the following rights regarding the investigative information that will be provided to us pursuant to 49 CRF 391.23(d)(e):

- (1) The right to review information provided by the 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 Delta County Road Commission;
- (3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

(C) EQUAL OPPORTUNITY EMPLOYER: In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or disability.

(D) I understand that if I have a protected handicap that affects my ability to perform the position, I may ask Delta County Road Commission to attempt to make accommodation as required by law. I must make my request in writing to Delta County Road Commission as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

X _____
Applicant Signature

Print Applicant's Name	Date of Birth	Social Security Number (Optional)	Yrs @ Address
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Applicant's Current Address	Home Phone #
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City/State/Zip	Cell Phone #
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Are there currently any felony charges against you? Yes No If "Yes" ___/___/___

Have you ever been convicted of any crime? Yes No If "Yes" ___/___/___

Have you ever been known by any name other than the one on this application? Yes No If "Yes" print name below.

If "Yes" to any of the above, explain:

Are you: a U.S. Citizen, a Lawful Permanent Resident, or otherwise authorized to work in the United States?

Addresses at which Applicant has resided during the 3 years preceding date application submitted:

___/___/___ to ___/___/___ :
___/___/___ to ___/___/___ :
___/___/___ to ___/___/___ :

In case of Emergency notify: _____
(Name) (Relationship) (Address) (Phone)

Are you able to perform the essential functions of the job for which you are applying with or without accommodation? _____

Who referred you? _____

Have you worked for this company before? Yes No If "Yes", Where? _____

Dates: From ___/___/___ to ___/___/___ Rate of pay: _____ Position: _____

Reason for leaving: _____

Education/ Military Status

U.S. Military (Branch): _____ Rank: _____ Presently in Guard/Reserves? Yes No

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Please indicate if you are interested in : _____ Seasonal, _____ Full-Time, or _____ Both

How did you hear about the position? _____

Previous Employment: Information required by 49 CFR 391.21(b)(10)(11): Names and addresses of applicant's employers during the **10 years** preceding date this application submitted; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulations (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23(e)(checking applicant's prior drug/alcohol test records) and/or required under authority of Delta County Road Commission as part of its application process.

Last Employer

Company Name: _____

Dates of Employment

Address: _____

____/____/____ ____/____/____
Hired Left

City/State/Zip: _____

Supervisor Name: _____ Phone: _____

Position Held: Fleet Driver Owner-Operator Other:

Applicant was subject to FMCSRs while employed by above employer. Yes No

Job was designated as safety sensitive function in any DOT regulated mode
subject to alcohol & controlled substances requirements of 49 CFR part 40. Yes No

Reason for Leaving: _____ Salary: _____

In what state did you drive a CMV? _____

2nd Last Employer

Company Name: _____

Dates of Employment

Address: _____

____/____/____ ____/____/____
Hired Left

City/State/Zip: _____

Supervisor Name: _____ Phone: _____

Position Held: Fleet Driver Owner-Operator Other:

Applicant was subject to FMCSRs while employed by above employer. Yes No

Job was designated as safety sensitive function in any DOT regulated mode
subject to alcohol & controlled substances requirements of 49 CFR part 40. Yes No

Reason for Leaving: _____ Salary: _____

In what state did you drive a CMV? _____

3rd Last Employer

Company Name: _____

Dates of Employment

Address: _____

____/____/____ ____/____/____
Hired Left

City/State/Zip: _____

Supervisor Name: _____ Phone: _____

Position Held: Fleet Driver Owner-Operator Other:

Applicant was subject to FMCSRs while employed by above employer. Yes No

Job was designated as safety sensitive function in any DOT regulated mode
subject to alcohol & controlled substances requirements of 49 CFR part 40. Yes No

Reason for Leaving: _____ Salary: _____

In what state did you drive a CMV? _____

4th Last Employer

Company Name: _____

Dates of Employment

Address: _____

____/____/____
Hired Left

City/State/Zip: _____

Supervisor Name: _____ Phone: _____

Position Held: Fleet Driver Owner-Operator Other:

Applicant was subject to FMCSRs while employed by above employer. Yes No

Job was designated as safety sensitive function in any DOT regulated mode
subject to alcohol & controlled substances requirements of 49 CFR part 40. Yes No

Reason for Leaving: _____ Salary: _____

In what state did you drive a CMV? _____

License and Permit Information for every State in which Driver held a commercial motor vehicle operator's license or permit during past 3 years:

State	License/Permit #	Type	Expiration Date
			____/____/____
			____/____/____
			____/____/____

List all violations of motor vehicle laws or ordinances (other than parking) of which applicant was convicted or forfeited bond or collateral during the 3 years preceding date application submitted:

Dates	Location	Charge	Penalty
____/____/____			
____/____/____			
____/____/____			

- Have you ever been disqualified under Federal Motor Carrier Safety Regulations guidelines? Yes No
- Have you ever been convicted or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof? Yes No
- Have you ever texted positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years? Yes No
- Has any license, permit, or privilege to operate a motor vehicle issued to you ever been Denied? Yes No
Revoked? Yes No
or Suspended? Yes No

If "Yes" to any of the above, list dates and circumstances:

Driving experience:

Truck Driving School: _____ Graduation Date ____/____/____

Class/Type of Equipment (buses, trucks, truck tractors, semitrailers, full trailers, pole trailers)

Dates:	Approx. Total Experience	Approx. Total # Miles Driven
____/____/____ to ____/____/____	____ yrs/mos	
____/____/____ to ____/____/____	____ yrs/mos	
____/____/____ to ____/____/____	____ yrs/mos	
____/____/____ to ____/____/____	____ yrs/mos	

List all motor vehicle accidents applicant involved in for 3 years preceding date application submitted:

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	# Fatalities	# Injuries
Last Accident: ____/____/____			
Next previous: ____/____/____			
Next previous: ____/____/____			

Driver Certification Includes all additional sheets. Were any additional sheets used for this application? Yes No
If "Yes" list here:

I understand that all Delta County Road Commission employees are employed on an indefinite basis and are subject to termination at any time, with or without notice, with or without prior discipline or warning, and with or without cause. No person other than the Manager of Delta County Road Commission has authority to offer employment for any specified period or to make any contract contrary to the statement of at-will employment. Moreover, no such agreement by the Manager will be enforceable unless the document is in writing, dated, and signed by the Manager.

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)

X _____
(Applicant's signature)