

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

DUTIES: _____

RANK OR RATING AT TIME OF ENLISTMENT: _____

RANK OR RATING AT TIME OF DISCHARGE: _____

WERE YOU HONORABLY DISCHARGED?: YES NO

IF NOT, PLEASE EXPLAIN: _____

(AN OTHER THAN HONORABLE DISCHARGE WILL NOT BE AN AUTOMATIC BAR TO EMPLOYMENT.)

ARE YOU ABLE TO DO THE JOB FOR WHICH YOU ARE APPLYING? YES NO

IF NOT, PLEASE EXPLAIN: _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? 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)

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

IF HIRED, WHEN CAN YOU START? _____

EDUCATION

GRAMMAR SCHOOL

NAME OF SCHOOL

HIGHEST GRADE COMPLETED OR DEGREE OBTAINED

CITY/STATE

COURSE OF STUDY

HIGH SCHOOL

NAME OF SCHOOL

HIGHEST GRADE COMPLETED OR DEGREE OBTAINED

CITY/STATE

COURSE OF STUDY

COLLEGE

NAME OF SCHOOL

HIGHEST GRADE COMPLETED OR DEGREE OBTAINED

CITY/STATE

COURSE OF STUDY

OTHER

NAME OF SCHOOL

HIGHEST GRADE COMPLETED OR DEGREE OBTAINED

CITY/STATE

COURSE OF STUDY

PRIOR WORK EXPERIENCE

EMPLOYER INFO:

NAME OF COMPANY/BUSINESS

PHONE #

ADDRESS

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

TYPE OF WORK DONE: _____

SUPERVISOR'S NAME: _____

STARTING PAY: _____ FINAL PAY: _____

NAME OF COMPANY/BUSINESS

PHONE #

ADDRESS

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

TYPE OF WORK DONE: _____

SUPERVISOR'S NAME: _____

STARTING PAY: _____ FINAL PAY: _____

NAME OF COMPANY/BUSINESS

PHONE #

ADDRESS

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

TYPE OF WORK DONE: _____

SUPERVISOR'S NAME: _____

STARTING PAY: _____ FINAL PAY: _____

NAME OF COMPANY/BUSINESS	PHONE #
ADDRESS	
DATES OF EMPLOYMENT: FROM _____ TO _____	
REASON FOR LEAVING: _____	
TYPE OF WORK DONE: _____	
SUPERVISOR'S NAME: _____	
STARTING PAY: _____	FINAL PAY: _____

BUSINESS REFERENCES	
NAME	PHONE #
ADDRESS	
OCCUPATION	
NAME	PHONE #
ADDRESS	
OCCUPATION	
NAME	PHONE #
ADDRESS	
OCCUPATION	
NAME	PHONE #
ADDRESS	
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 Emmet 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 Emmet 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 Emmet 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 Emmet County Road Commission or myself. I understand that no manager or other representative of the Emmet 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 Emmet 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 Emmet County Road Commission has not accommodated me as required by law.
6. Criminal Records Check. I agree to execute an authorization for the Emmet County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the 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 _____ Emmet _____ 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 _____ Emmet _____ 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 _____ Emmet _____ County Road Commission.

10. Driving Record Check. If applying for a position that requires driving a _____ Emmet _____ County Road Commission vehicle, I authorize the _____ Emmet _____ 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 _____ Emmet _____ 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 _____ Emmet _____ County Road Commission shall rely on the most recent information for all purposes.

12. Credit Report. I understand that the _____ Emmet _____ 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 _____ Emmet _____ 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 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

_____ Applicant's Signature