



# CDL EMPLOYMENT APPLICATION

Saginaw County Road Commission  
3020 Sheridan Avenue  
Saginaw, MI 48601  
989-752-6140



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. Use 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: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Telephone #'s \_\_\_\_\_  
(Home Phone) (Work Phone) (Cell)

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Job Applying For: \_\_\_\_\_

Expected Rate of Pay: \$ \_\_\_\_\_ PER \_\_\_\_\_

Do you want to work: Full-Time  Part-Time   
If applying only for part-time, what days and hours? \_\_\_\_\_

Have you ever applied for work with us before? If yes, when? Yes  No

List anyone you know who works for us? U.S. Armed Forces Service? Yes  No

Branch: Duties: \_\_\_\_\_

Were you dishonorably discharged: Yes  No   
If Yes, please explain: \_\_\_\_\_

Do you have a current CDL License?

Yes

No

What group designation do you have on your Commercial Driver's License?

Are you 18 years of age or older?

Yes

No

Have you ever been convicted of a crime?

Yes

No

*(Conviction of a crime will not be an automatic bar to employment.)*

If yes, explain when, where, and the nature of the offense:

Are you authorized to work in the United States?

Yes

No

If hired, when can you start?

## EDUCATION

School	Name of School	# of Years Attended	City/State	Course
Grammar				
High School				
College				
Other				

## PRIOR WORK EXPERIENCE

Name & Address of Employer	Dates of Employment		Reason for Leaving	Type of Work Done	Starting Pay	Final Pay
	From	To				

## PRIOR WORK EXPERIENCE

### *\*NOTICE TO APPLICANT\**

The information you provided 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 (FMCSR). 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 year, together with the dates of employment and the reasons for leaving such employment:

#### Last Employer

Name:	Dates of Employment:
Address:	Position Held:
Supervisor Name:	Phone:

Applicant was subject to FMCSRs while employed by the employer?

YES     NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing as required by 49 CFR Part 40?

YES     NO

Reason for leaving: \_\_\_\_\_

Second to Last Employer

Name:	Dates of Employment:
Address:	Position Held:
Supervisor Name:	Phone:

Applicant was subject to FMCSRs while employed by the employer?  
 YES     NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing as required by 49 CFR Part 40?  
 YES     NO

Reason for leaving: \_\_\_\_\_

Third to Last Employer

Name:	Dates of Employment:
Address:	Position Held:
Supervisor Name:	Phone:

Applicant was subject to FMCSRs while employed by the employer?  
 YES     NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing as required by 49 CFR Part 40?  
 YES     NO

Reason for leaving: \_\_\_\_\_

Fourth to Last Employer

Name:	Dates of Employment:
Address:	Position Held:
Supervisor Name:	Phone:

Applicant was subject to FMCSRs while employed by the employer?  
 YES     NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing as required by 49 CFR Part 40?  
 YES     NO

Reason for leaving: \_\_\_\_\_

Fifth to Last Employer

Name:	Dates of Employment:
Address:	Position Held:
Supervisor Name:	Phone:

Applicant was subject to FMCSRs while employed by the employer?  
 YES     NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing as required by 49 CFR Part 40?  
 YES     NO

Reason for leaving: \_\_\_\_\_

*\*\*\*Attach additional pages as may be 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:

<u>State</u>	<u>Number</u>	<u>Expiration Date</u>

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:

<u>Date</u>	<u>Description</u>

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:

<u>Date</u>	<u>Description</u>	<u>Fatalities or Personal Injuries</u>

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 (FMCSR)?

YES     NO

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

YES     NO

Have you ever tested positive, or refused to rest, 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 details all the facts and circumstance: \_\_\_\_\_

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### **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 Saginaw 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 Saginaw 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 Saginaw 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 Saginaw County Road Commission or myself. I understand that no manager or other representative of the Saginaw County Road Commission, other than the Engineer-Manager/Director-Manager, 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 Engineer-Manager/Director-Manager must be made in writing to be effective. I understand this application is not to be considered as a contract of employment.
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 that Saginaw 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 Saginaw County Road Commission has not accommodated me as required by law.
6. Criminal Records Check. I agree to execute an authorization for the Saginaw County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Saginaw 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 Saginaw 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 Saginaw 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 Saginaw County Road Commission.
10. Driving Record Check. I authorize the Saginaw 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 Saginaw 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 Saginaw County Road Commission shall rely on the most recent information for all purposes.
12. Credit Report. I understand that the Saginaw 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 investigation.

I have read and understand Items #1 through #12 above, and acknowledge that with my signature below.

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Date

Applicant's Signature