CDL EMPLOYMENT APPLICATION

Saginaw County Road Commission
3020 Sheridan Ave
Saginaw, MI 48601
(989) 752-6140
jobs@scrc-mi.org
We are an Equal Opportunity Employer

Please complete the entire application to be considered for employment. You must specify the position for which you are applying. Failure to do so may result in your application not being accepted by the employer.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		LAST 4 DIGITS OF SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	
DRIVER'S LICENSE #					

Do you have the legal right to work in the United States? ☐YES ☐NO
Have you ever been convicted of a crime? ☐YES ☐NO

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

_____

_____

_____

PREVIOUS THREE YEARS RESIDENCY					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS

EMPLOYMENT HISTORY					
CURRENT (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
SUPERVISOR NAME AND TITLE					

SECOND (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
SUPERVISOR NAME AND TITLE					

THIRD (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
SUPERVISOR NAME AND TITLE					

EDUCATION					
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y	N
High School				☐	☐
College				☐	☐
Other				☐	☐

How did you hear about us?

☐ Website ☐ Indeed ☐ LinkedIn ☐Facebook ☐ Job Fair

☐ School/College ☐ Employee Referral (name of employee: _____)

TO BE READ AND SIGNED BY APPLICANT

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Saginaw County Road Commission is committed to equal employment opportunity and to providing a workplace where qualified individuals with disabilities can participate fully. We are asking applicants and employees to voluntarily identify whether they have a disability. This information may be used for internal equal employment opportunity and workforce analysis purposes. **Your response is completely voluntary**. Choosing not to answer will not affect your application, employment, pay, or any other employment decision. Information provided on this form will be shared only as permitted by applicable law and with individuals who have a legitimate business need to know. *You are not required to provide the type, diagnosis, or any other details regarding your disability.*

Voluntary Self-Identification

☐ Yes, I have a disability, or have had a disability in the past
☐ No, I do not have a disability
☐ I do not wish to answer

Printed Name: _____ Date: _____

I authorize Saginaw County Road Commission to conduct investigations (including contacting current and prior employers and references listed) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Saginaw County Road Commission. I agree that if an offer of employment 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.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. **Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.**

Applicant Signature		Date	
Applicant Name (printed)			