



NON-CDL EMPLOYMENT APPLICATION

Saginaw County Road Commission
 3020 Sheridan Ave
 Saginaw, MI 48601
 (989) 752-6140
 SCRCadmin@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 may result in your application not being accepted by the employer.

| APPLICANT INFORMATION | | | | | |
|-----------------------|--|----------------------|--|-------------------------|--|
| FIRST NAME | | MIDDLE NAME | | LAST NAME | |
| PHONE | | EMAIL | | | |
| DATE OF BIRTH | | | | | |
| DATE OF APPLICATION | | POSITION APPLIED FOR | | DATE AVAILABLE FOR WORK | |
| DRIVER'S LICENSE | | | | | |

Do you have 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 | | | | | |
|--|--------|------|-------|----------|-----------------------|
| <i>Attach additional sheet if more space is needed</i> | | | | | |
| | STREET | CITY | STATE | ZIP CODE | # OF YEARS AT ADDRESS |
| CURRENT | | | | | |
| MAILING | | | | | |
| PREVIOUS | | | | | |

| 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 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| College | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | | | <input type="checkbox"/> | <input type="checkbox"/> |

TO BE READ AND SIGNED BY APPLICANT

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 if and 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/prior 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) | | | |