

Gogebic County

Board of County Road Commissioners

MARTI WEGNER

Chair

WATERSMEET

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ROY D'ANTONIO

Vice-Chair

WATERSMEET

DAN PETERSON

Commissioner

BESSEMER

APPLICANT'S CERTIFICATION, AUTHORIZATION, AND ACKNOWLEDGEMENT

I certify that the information contained in my employment application is true and accurate. I understand that falsification of this information will result in my dismissal from employment.

I understand that the Gogebic County Road Commission may obtain a credit report about me. I authorize the Gogebic County Road Commission to obtain such a report and to make an investigation of my employment history and my personal history through any investigative agencies or bureaus of its choice, and to contact my current and former employers. I authorize these references to give the Gogebic County Road Commission any and all information concerning my previous employment and other pertinent information they may have, personal, or otherwise. I also authorize the Gogebic County Road Commission to obtain a copy of my motor vehicle report. I hereby release all parties from any liability that may result from any investigation conducted and/or the release of furnishings of information to the Gogebic County Road Commission.

I understand that upon an offer of employment, I may be required to pass a physical examination prior to employment, which may include a drug-screening test. I understand the Gogebic County Road Commission reserves the right to require a drug screening at any time during my employment.

I understand that the information that I provide in the "Employment" section of this application may be used, and prior employers may be contacted for the purpose of my background as required by State and/or Federal Motor Carrier Safety Regulations. I understand that I have the following rights regarding the investigative information that will be provided to the Gogebic County Road Commission 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 ACKNOWLEDGEMENTS AND RIGHTS

APPLICANT NAME (PLEASE PRINT)

APPLICANT SIGNATURE

DATE

GOGEBIC COUNTY ROAD COMMISSION EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

The Gogebic County Road Commission will not base hiring decisions on race, color, sex, age, national origin, religion, marital status, height, weight, or qualified disability.

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. Ask for 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 employer. Your application will be considered for sixty (60) days. Applications are required; resumes are encouraged, but are not a substitute for the application.

POSITION FOR WHICH YOU ARE APPLYING

JOB TITLE: _____

WILL ACCEPT:

☐ PART-TIME

☐ FULL-TIME

☐ TEMPORARY

DATE AVAILABLE: _____

WHICH OF THE FOLLOWING ARE YOU WILLING TO WORK? (CHECK ALL THAT APPLY)

☐ DAYS

☐ NIGHTS

☐ WEEKENDS

☐ HOLIDAYS

☐ OVERTIME

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

IF NOT, PLEASE EXPLAIN: _____

PERSONAL INFORMATION

NAME: _____
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PRIMARY CONTACT NUMBER: _____ ALTERNATE NUMBER: _____

CURRENT ADDRESS: _____ LENGTH OF TIME AT THIS ADDRESS: _____

ALL OTHER ADDRESSES DURING THE PAST THREE (3) YEARS:

PREVIOUS ADDRESS: _____ LENGTH OF TIME AT THIS ADDRESS: _____

PREVIOUS ADDRESS: _____ LENGTH OF TIME AT THIS ADDRESS: _____

PREVIOUS ADDRESS: _____ LENGTH OF TIME AT THIS ADDRESS: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ YES ☐ NO

IF YES, EXPLAIN WHEN, WHERE, AND THE NATURE OF THE OFFENSE: (PLEASE NOTE: CONVICTION OF A CRIME WILL NOT BE AN AUTOMATIC BAR TO EMPLOYMENT)

MILITARY SERVICE RECORDU.S. ARMED FORCES SERVICE? ☐ YES ☐ NO

BRANCH: _____ DUTIES: _____

RANK AT TIME OF ENLISTMENT: _____

RANK AT TIME OF DISCHARGE: _____

WERE YOU DISHONORABLY DISCHARGED? ☐ YES ☐ NOIF YES, PLEASE EXPLAIN: (PLEASE NOTE: A DISHONORABLE DISCHARGE WILL NOT BE AN AUTOMATIC BAR TO EMPLOYMENT)ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? ☐ YES ☐ NO**EDUCATIONAL INFORMATION**

(PLEASE LIST ANY HIGH SCHOOLS, COLLEGES, AND TRADE SCHOOLS & SPECIAL TRAININGS)

NAME OF SCHOOL	LOCATION	COURSE OF STUDY	HIGHEST GRADE COMPLETED OR DEGREE OBTAINED

DO YOU HAVE ANY SKILLS, QUALIFICATIONS OR EXPERIENCES WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH US?

LICENSURE OR REGISTRATION (EXAMPLES: CDL, PE, CPA, ETC)

STATE	NUMBER	EXPIRATION DATE

DRIVING EXPERIENCE (EXAMPLES: BUSES, TRUCKS, TRUCK TRACTORS, SEMI TRAILERS, FULL TRAILERS, ETC.)

TYPE OF EQUIPMENT	DATES	APPROXIMATE NUMBER OF MILES

TRAFFIC RECORD (LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN PARKING) DURING THE LAST THREE (3) YEARS)

DATE	DESCRIPTION OF VIOLATION

HAVE YOU EVER BEEN DISQUALIFIED UNDER THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSR)? IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL, A NARCOTIC DRUG, AMPHETAMINES OR METHAMPHETAMINES OR DERIVATIVES THEREOF? IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER TESTED POSITIVE, OR REFUSED TO TEST, 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? IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER EXPERIENCED DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE THAT HAS BEEN ISSUED TO YOU? IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT HISTORY

PLEASE LIST THE NAMES AND ADDRESSES OF YOUR EMPLOYERS DURING THE PAST **10 YEARS**, TOGETHER WITH THE DATES OF EMPLOYMENT AND THE REASONS FOR LEAVING SUCH EMPLOYMENT.

NAME OF EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____ SUPERVISOR NAME: _____

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 AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ☐ YES ☐ NO

NAME OF EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____ SUPERVISOR NAME: _____

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 AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ☐ YES ☐ NO

NAME OF EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____ SUPERVISOR NAME: _____

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 AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ☐ YES ☐ NO

NAME OF EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____ SUPERVISOR NAME: _____

APPLICANT WAS SUBJECT TO FMCSR_s WHILE EMPLOYED BY ABOVE EMPLOYER? ☐ YES ☐ NO

JOB WAS DESIGNATED AS SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ☐ YES ☐ NO

NAME OF EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____ SUPERVISOR NAME: _____

APPLICANT WAS SUBJECT TO FMCSR_s WHILE EMPLOYED BY ABOVE EMPLOYER? ☐ YES ☐ NO

JOB WAS DESIGNATED AS SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ☐ YES ☐ NO

NAME OF EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____ SUPERVISOR NAME: _____

APPLICANT WAS SUBJECT TO FMCSR_s WHILE EMPLOYED BY ABOVE EMPLOYER? ☐ YES ☐ NO

JOB WAS DESIGNATED AS SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ☐ YES ☐ NO

NAME OF EMPLOYER: _____

ADDRESS: _____ PHONE NUMBER: _____

POSITION HELD: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____ SUPERVISOR NAME: _____

APPLICANT WAS SUBJECT TO FMCSR_s WHILE EMPLOYED BY ABOVE EMPLOYER? ☐ YES ☐ NO

JOB WAS DESIGNATED AS SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ☐ YES ☐ NO

BUSINESS REFERENCES (LIST PEOPLE OTHER THAN RELATIVES AND FORMER EMPLOYERS)

NAME	ADDRESS	OCCUPATION	TELEPHONE NUMBER

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 Gogebic 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 Gogebic 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 Gogebic 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, I understand that no manager or other representative of the Gogebic 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 in writing to be effective.

4. AUTHORIZATION OF 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 Gogebic 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 Gogebic County Road Commission has not accommodated me as required by law.

6. CRIMINAL RECORDS CHECK

I agree to execute an authorization for the Gogebic County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Gogebic 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 Gogebic County Road Commission or its designated agent(s) to withdraw specimens of my blood, urine, or hair for chemical analysis. One purpose of this analysis is to determine or 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 Gogebic 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 Gogebic County Road Commission.

10. DRIVING RECORD CHECK

If applying for a position that requires driving a Gogebic County Road Commission vehicle, I authorize the Gogebic 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 Gogebic 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 number or contact arrangements, withholding exemptions and dependent information. The Gogebic County Road Commission shall rely on the most recent information for all purposes.

12. CREDIT REPORT

I understand that the Gogebic County Road Commission or its agents may make an investigation whereby information is obtained through interviews with my neighbors, friends and other 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 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 Gogebic 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 1-14 ABOVE AND ACKNOWLEDGE THEM WITH MY SIGNATURE BELOW.

APPLICANT NAME (PLEASE PRINT)

APPLICANT SIGNATURE

DATE SIGNED

FOR COMPANY USE ONLY

PROCESS RECORDS

APPLICANT HIRED: _____ REJECTED: _____

DATE EMPLOYED: _____ POINT EMPLOYED: _____

DEPARTMENT: _____ CLASSIFICATION: _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED ON FILE)

SIGNATURE OF INTERVIEWING OFFICER: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____

DISMISSED: _____ VOLUNTARILY OUT: _____ OTHER: _____

TERMINATION REPORT PLACED IN FILE: _____ SUPERVISOR: _____