



Lake County Road Commission

1180 Michigan Ave, P.O. Box 790

Baldwin, MI 49304

P: 231-745-4666 F: 231-745-6227

www.lcrrc-roads.com

Employment Application for CDL Drivers

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 THE EMPLOYER. YOUR APPLICATION WILL BE CONSIDERED FOR SIXTY (60) DAYS.

Position(s) Applied for _____ Date of Application _____

Do you want to work: Full-Time or Part-Time Rate of Pay Expected _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip Code Phone _____ How Long _____

Previous Address _____
Street City
State Zip Code Phone _____ How Long _____

Street City
State Zip Code Phone _____ How Long _____

Street City
State Zip Code Phone _____ How Long _____

Do you have the legal right to work in the United States? _____

Date of Birth? _____ Can you provide proof of age? _____

*Required by 49 C.F.R 391.21(b)(2)

Have you worked for this company before? _____ When? _____

Position _____ Rate of Pay _____

Reason for Leaving _____

Are you employed? _____ If not, how long since leaving last employment? _____

List anyone you know who works for us:

Were you referred? _____ Who referred you? _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description?) _____

If yes, explain if you wish

If hired, when can you start? _____

EMPLOYMENT HISTORY

THE INFORMATION YOU PROVIDE 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. 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 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

EMPLOYER			DATE	
NAME:			TO:	FROM:
ADDRESS:			MO. YR.	MO. YR.
CITY:	STATE:	ZIP:	POSITION:	
CONTACT PERSON:			SALARY/WAGE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL?			REASON FOR LEAVING:	
EMPLOYER			DATE	
NAME:			TO:	FROM:
ADDRESS:			MO. YR.	MO. YR.
CITY:	STATE:	ZIP:	POSITION:	
CONTACT PERSON:			SALARY/WAGE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL?			REASON FOR LEAVING:	
EMPLOYER			DATE	
NAME:			TO:	FROM:
ADDRESS:			MO. YR.	MO. YR.
CITY:	STATE:	ZIP:	POSITION:	
CONTACT PERSON:			SALARY/WAGE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL?			REASON FOR LEAVING:	
EMPLOYER			DATE	
NAME:			TO:	FROM:
ADDRESS:			MO. YR.	MO. YR.
CITY:	STATE:	ZIP:	POSITION:	
CONTACT PERSON:			SALARY/WAGE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL?			REASON FOR LEAVING:	
EMPLOYER			DATE	
NAME:			TO:	FROM:
ADDRESS:			MO. YR.	MO. YR.
CITY:	STATE:	ZIP:	POSITION:	
CONTACT PERSON:			SALARY/WAGE:	
DID YOU DRIVE A VEHICLE REQUIRING A CDL?			REASON FOR LEAVING:	

*INCLUDES VEHICLES HAVING A gvwr OF 26,001 LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, OR ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3 4

Last School Attended _____
NAME CITY

U.S. ARMED FORCES SERVICE

Branch _____ Duties _____

Rank at time of Enlistment _____

Rank at time of Discharge _____

Were you dishonorably discharged? _____

If yes, explain

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE (CDL A, B, ETC) & ENDORSEMENTS	EXPIRATION DATE

Do you currently have any restrictions on your CDL license? (L, Z, E, ETC) _____

List Restrictions _____

Have you ever been disqualified under the Federal Motor Carrier Safety Regulations?

YES NO

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

YES NO

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?

YES NO

Have you ever 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 detail all the facts and circumstances:

DRIVING EXPERIENCE

IF NONE, WRITE **NONE**.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		LEVEL OF EXPERIENCE (SCALE FROM 1 TO 10) 1 = NONE 10 = EXTENSIVE
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
LOADER				
SKID STEER				
BULLDOZER				
EXCAVATOR				
GRADER				

ANY ADDITIONAL QUALIFICATIONS

Business References		
Name	Address/Telephone	Occupation

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY:

1. Certification of Truthfulness. I certify that all statements on this Employment Application 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 dismissal.
2. Authorization for Employment / Educational Information. I authorize the references listed in the Employment Application, and any prior employer, educational institution, or any other persons or organizations to give Lake 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 Lake 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 Lake 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 Lake County Road Commission or myself. I understand that no manager or other representative of the Lake County Road Commission, other than the Managing Director, has any authority to enter into 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 Lake 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 Lake County Road Commission has not accommodated me as required by law.
6. Criminal Records Check. I agree to execute an authorization for the Lake County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Lake 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 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 Lake 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 Lake 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 an examination to the Lake County Road Commission.
10. Driving Record Check. If applying for a position that requires driving a Lake County Road Commission vehicle, I authorize the Lake County Road Commission and its agents the authority to make investigations and inquires of my driving record.
11. Fringe Benefits. In accepting employment with the Lake 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 Lake County Road Commission shall rely on the most recent information for all purposes.
12. Credit Report. I understand that the Lake 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 Lake 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 relating 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 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.

APPLICANT'S SIGNATURE

DATE

