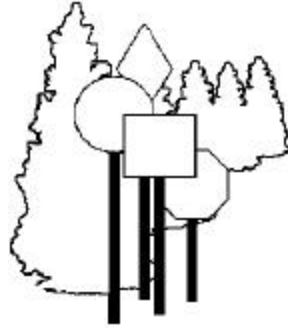


Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_



## **Kent County Road Commission**

**1500 Scribner Ave NW**

**Grand Rapids MI 49504**

**Phone: (616) 242-6900**

**[www.KentCountyRoads.net](http://www.KentCountyRoads.net)**

### **Application for Employment**

Applications will receive active consideration for a period of 30 days. Thereafter if not employed, future employment opportunities require a new employment application. This entire application must be completed for employment consideration.

The Kent County Road Commission is an Equal Opportunity Employer and will not discriminate among applicants or employees with regard to race, color, religion, sex, age, national origin, height, weight, marital status, disability, veteran status or on the basis of any characteristic that is protected by state or federal law.

Applicant's Name: \_\_\_\_\_  
Last First Middle

Applicant's Address: \_\_\_\_\_  
Street Number City State Zip Code

Home Telephone Number: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Call in Confidence

Are you 18 years of age or older?  Yes  No Social Security #: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If you are not a U.S. citizen, do you have a legal right to remain in the United States?  Yes  No If employed, can you submit verification of your legal right to remain in the U.S.?  Yes  No

Have you ever been employed by the Kent County Road Commission?  Yes  No  
If yes, please tell us when and in what capacity: \_\_\_\_\_

Do you have relatives who are currently employed by the Kent County Road Commission?  Yes  No  
If yes, please list their name(s) and relationship(s): \_\_\_\_\_

Which of the following are you willing to work?  Nights  Weekends  Holidays  Overtime

Are you subject to recall due to layoff from another employer?  Yes  No

When could you begin work with the Kent County Road Commission? \_\_\_\_\_

#### Education and Training

Type of School	Name and Location of School	Number of Years Attended	Did you graduate?	Type of degree received	Course of Study
High School					
College or University					
Specialized Training					

Please list those courses, seminars or workshops you have attended and professional certifications or affiliations you have. Describe any training you have received or special skills you possess that you believe would benefit you in the job for which you are applying. \_\_\_\_\_

Have you ever had a license, registration, certificate, etc. related to the position you are applying for suspended, revoked, placed on probation or lapsed for any reason?  Yes  No If yes, please explain: \_\_\_\_\_

Do you possess a valid Michigan Driver's License?  Yes  No If yes, provide your license number and all appropriate endorsements. \_\_\_\_\_

Please list any machinery, tools or equipment that you are proficient in operating. \_\_\_\_\_

## Employment History

List the last three employers, or all employers for the last ten years, whichever is greater. Also list and explain any period(s) of unemployment. Attach additional signed and dated sheets, if necessary. Answer each question completely and accurately. **“See Resume” is not acceptable.**

Employer: _____	Employed From _____ to _____
Address: _____	Telephone Number: _____
Position(s) held and assigned duties: _____ _____	
Starting Rate of Pay: _____	Ending Rate of Pay: _____
Immediate Supervisor's Name and Title: _____	
Reason for Leaving: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Employed From _____ to _____
Address: _____	Telephone Number: _____
Position(s) held and assigned duties: _____ _____	
Starting Rate of Pay: _____	Ending Rate of Pay: _____
Immediate Supervisor's Name and Title: _____	
Reason for Leaving: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Employed From _____ to _____
Address: _____	Telephone Number: _____
Position(s) held and assigned duties: _____ _____	
Starting Rate of Pay: _____	Ending Rate of Pay: _____
Immediate Supervisor's Name and Title: _____	
Reason for Leaving: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

How much time have you missed from work in the past twelve months? \_\_\_\_\_

Are you able to perform the duties of the job for which you are applying?    Yes    No

Were you ever in the United States Military Service?  Yes  No If yes, complete the following information.

Date entered: \_\_\_\_\_ Date discharged: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Have you ever been convicted or pled guilty to a crime?  Yes  No

Are there any Felony charges pending against you?  Yes  No

If you answered yes to either question, state when, where, and nature of the offense. \_\_\_\_\_

(Conviction will not automatically disqualify an applicant from employment)

### References

Please list three professional associates who we may contact for an employment reference; these individuals should have personal knowledge of your work experience and fit for the position for which you are applying.

Name	Relationship	Telephone Number (Indicate home or work.)	Employer and Occupation

Please read the following statements carefully before signing to indicate your understanding and agreement:

I certify that all statements made and information given by me in this application are true, complete and correct to the best of my knowledge. I understand that any false, misrepresented or omitted statements or information can result in rejection of my application or dismissal from employment if hired. Furthermore, I authorize the Kent County Road Commission ("the Commission") to investigate all statements contained in this application for any employment-related purpose. I release from all liability the listed references and all employers as well as their agents and employees (except those where "No" was marked to, "May we contact this employer?") to provide you with any and all applicable information, and I waive any right to written notice of such disclosure.

I understand that any offer of employment may be contingent upon satisfactory completion of a physical examination. In the event that I have a disability that will affect my ability to take a physical, I will inform the Commission prior to the test so that a reasonable accommodation can be made. The Commission reserves the right to require medical documentation regarding the need for accommodation. Michigan law requires an employee to notify the Commission of a requested accommodation for a disability in writing within 182 calendar days after the employee knows or should know of the need for accommodation.

I understand that any offer of employment may be further contingent upon results of a drug & alcohol screen, a driving record check, education verification, a credit check and/or other background checks as deemed appropriate for the position to which I am applying. I consent to such checks and release from all liability the Commission and the other institutions/organizations, as well as their agents and employees, to the fullest extent legally permitted for their participation in such inquiries or investigations.

I understand and agree that in the absence of an expressed written agreement to the contrary executed by the Managing Director, any employment I accept shall be for no definite term and can be terminated either by me or the Commission at any time, with or without cause and with or without notice, subject to any applicable collective bargaining agreement.

I agree that any lawsuit against the Commission and/or its agents arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit. A court is to apply the shortest limitations period reasonable under law if 180 days is declared too short.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Kent County Road Commission Substance Abuse Policy**

The Kent County Road Commission recognizes that the use and/or abuse of alcohol or controlled substances present a serious threat to the safety and health of its employees and the public. The Kent County Road Commission is committed to obtaining and maintaining a drug-free work environment and transportation system. The manufacture, unauthorized use or possession, sale or distribution of drugs or alcohol by employees on Kent County Road Commission property (including parking lots and in employee vehicles) or during work time is strictly prohibited. Consistent with its goal of providing its employees with a drug-free workplace, and consistent with Department of Transportation regulations, the Kent County Road Commission has adopted and implemented a comprehensive Substance Abuse Policy which contains provisions for the testing of controlled substances, unauthorized prescriptive drugs, illegal drugs and alcohol.

Drug and/or alcohol testing will be conducted under the following circumstances:

- 1) As a post-offer condition of employment for all “otherwise qualified” candidates;
- 2) As part of a random testing program for those positions to which Department of Transportation regulations apply (i.e. positions requiring a CDL), including employees in their probationary period;
- 3) For all “reportable accidents” involving a commercial motor vehicle;
- 4) Upon return from a leave of absence of thirty (30) days or more;
- 5) Prior to returning to duty in a safety-sensitive function or as a follow-up for employees who have engaged in prohibited conduct if they were not discharged;
- 6) When the Employer has reasonable suspicion.

Failure to comply with, or violations of, Kent County Road Commission’s Substance Abuse Policy will result in disqualification of employment consideration and/or discipline up to and including discharge.

Kent County Road Commission agrees to treat such information as confidential and will only transmit such information to those individuals who need to know. All testing is performed by reliable organizations and is designed to protect the dignity and privacy of the employees.

More specific information about Kent County Road Commission’s Substance Abuse Policy can be found in its Employee Manual, in the Union Contract and in the Kent County Road Commission Commercial Motor Vehicle Driver Substance Abuse Policy.

I have read, understand and agree to the policy outlined above, and I consent to providing a specimen for a drug test and for an alcohol test as provided above when requested by the Kent County Road Commission.

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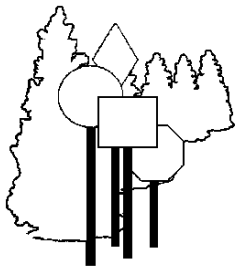
Employee/Applicant Name (printed)

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Date

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Employee/Applicant Signature



## Kent County Road Commission EEO Survey

The Kent County Road Commission is an Equal Opportunity Employer and will not discriminate among applicants or employees with illegal regard to race, color, religion, sex, age, national origin, height, weight, marital status, disability or veteran status. The federal government requires that employers maintain records on the race, sex and ethnic group of its applicants. To assist in our compliance with this requirement, we are asking that you **VOLUNTARILY** supply us with the information below. This information is for record keeping and reporting purposes only and will not be used for consideration in hiring, promotional or other employment-related decisions. This confidential questionnaire will be kept separate from your employment application and will not become a part of your personnel file.

Position Applied For: \_\_\_\_\_

Date: \_\_\_\_\_

Please mark the appropriate lines below:

**Gender:**     Male     Female

### **Race / Ethnic Group:**

- American Indian or Alaskan Native:** A person having origins in any of the peoples of North and South America (including Central America).
- Asian or Pacific Islander:** A person having origins in any of the original peoples of the far east, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. These areas include, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- Black:** A person having origins in any of the black racial groups.
- Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin.
- White:** A person having origins in any of the peoples of Europe, North Africa, or Middle East.

Please tell us how you were referred to the Kent County Road Commission for employment. \_\_\_\_\_

# Complete only for employment opportunities requiring commercial motor vehicle operation

**Applicant: Read the following notification**

(A) The information you provide in this Application, including but not limited to the information required by 49 CFR 391.21(b)(10)(11) below may be used, and your previous employer(s) will be contacted, for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d)(e) and 49 CFR 40.25 (re: drug and alcohol information).

(B) As the prospective employer, Kent County Road Commission hereby notifies you that you have the following rights regarding the investigative information that will be provided to us pursuant to 49 CFR 391.23(d)(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 us as your prospective employer;
- (3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

Applicant's Name:

Last	First	Middle	Date of Birth	Years at current address
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*Addresses at which Applicant has resided during the 3 years preceding date application submitted:*

___/___/___	to	___/___/___		
___/___/___	to	___/___/___		
___/___/___	to	___/___/___		

*License and Permit information for every State in which Driver held a commercial motor vehicle operator's license or permit during past 3 years:*

State	License/Permit #	Type	Expiration Date
			___/___/___
			___/___/___
			___/___/___

*List all violations of motor vehicle laws or ordinances (other than parking) of which applicant was convicted or forfeited bond or collateral during the 3 years preceding date application submitted:*

Dates	Location	Charge	Penalty
___/___/___			
___/___/___			
___/___/___			

Have you ever been disqualified under Federal Motor Carrier Safety Regulations guidelines?  Yes  No

Have you ever been convicted or are any charges pending for 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 or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?  Yes  No

Has any license, permit, or privilege to operate a motor vehicle issued to you ever been Denied?  Yes  No

If "YES" to any of the above, list dates and circumstances:  Yes  No

*List all motor vehicle accidents applicant involved in for 3 years preceding date application submitted:*

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	# Fatalities	# Injuries
___/___/___			
___/___/___			
___/___/___			
___/___/___			

Truck Driving School: \_\_\_\_\_

Graduation Date \_\_\_/\_\_\_/\_\_\_

In what states have you driven a CMV? \_\_\_\_\_

**Previous Employment:** Information required by 49 CFR 391.21(b)(10)(11): Names and Addresses of applicants employers during the **10 years** preceding date this application submitted; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulation (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 DFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23(e) (checking applicant’s prior drug/alcohol test records) and/or required under authority of the Kent County Road Commission as part of this application process. **“See Resume” is not acceptable.**

*Employment history questions from pg 2 of application:*

1. Applicant was subject to FMCSRs while employed with the 1 <sup>st</sup> fore mentioned employer? Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Applicant was subject to FMCSRs while employed with the 2 <sup>nd</sup> fore mentioned employer? Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Applicant was subject to FMCSRs while employed with the 3 <sup>rd</sup> fore mentioned employer? Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Employment history continuation:*

Employer: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position(s) held and assigned duties: \_\_\_\_\_

Starting Rate of Pay: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_

Immediate Supervisor’s Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  Yes  No

Applicant was subject to FMCSRs while employed with above employer?  Yes  No

Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance requirements of 49 CFR part 40?  Yes  No

Employer: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position(s) held and assigned duties: \_\_\_\_\_

Starting Rate of Pay: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_

Immediate Supervisor’s Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  Yes  No

Applicant was subject to FMCSRs while employed with above employer?  Yes  No

Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance requirements of 49 CFR part 40?  Yes  No