

**IOSCO COUNTY ROAD COMMISSION**  
**APPLICATION FOR EMPLOYMENT**

CAREFUL AND THOUGHTFUL COMPLETION OF THIS APPLICATION IS AN IMPORTANT STEP IN OUR CONSIDERATION OF INDIVIDUALS FOR EMPLOYMENT. PLEASE COMPLETE THE ENTIRE APPLICATION AND 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 ACTIVE FOR SIXTY (60) DAYS.

TODAY'S DATE:

TIME:

NAME:

\_\_\_\_\_ (Last)

\_\_\_\_\_ (First)

\_\_\_\_\_ (Middle)

CURRENT ADDRESS:

\_\_\_\_\_ (Street)

\_\_\_\_\_ (City)

\_\_\_\_\_ (Zip)

LENGTH OF TIME AT THIS ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS:

\_\_\_\_\_ (Street)

\_\_\_\_\_ (City)

\_\_\_\_\_ (Zip)

LENGTH OF TIME AT THIS ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER:

PHONE NUMBER:

DRIVERS LICENSE NUMBER:

DATE OF BIRTH:

JOB(S) APPLIED FOR:

RATE OF PAY EXPECTED \$ \_\_\_\_\_ PER HOUR

EMAIL ADDRESS:

DO YOU WANT TO WORK:

FULL-TIME

PART-TIME

IF APPLYING ONLY FOR PART-TIME,  
WHAT DAYS AND HOURS?

HAVE YOU EVER APPLIED FOR WORK WITH US BEFORE?  YES  NO

IF YES, WHEN?

LIST ANYONE YOU KNOW WHO WORKS FOR US:

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

\_\_\_\_\_  
\_\_\_\_\_

U.S. ARMED FORCES SERVICE?  YES  NO FROM \_\_\_\_\_ TO \_\_\_\_\_

BRANCH:

DUTIES:

RANK OR RATING AT  
TIME OF ENLISTMENT:

RATING AT TIME  
OF DISCHARGE:

WERE YOU DISHONORABLY DISCHARGED?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

ARE YOU ABLE TO DO THE JOB(S) FOR WHICH YOU ARE APPLYING?  YES  NO

IF NOT, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO

IF YES, EXPLAIN WHEN, WHERE AND THE NATURE OF THE OFFENSE: \_\_\_\_\_

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU NOW?  YES  NO

IF YES, DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_

(CONVICTION OF A CRIME WILL NOT BE AN AUTOMATIC BAR TO EMPLOYMENT.)

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO

IF HIRED, WHEN CAN YOU START? \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME OF SCHOOL	# OF YEARS ATTENDED	CITY/STATE	COURSE
GRAMMER				
HIGH SCHOOL				
COLLEGE				
OTHER				

**PRIOR WORK EXPERIENCE**

NAME & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT		REASONS FOR LEAVING	TYPE OF WORK DONE	STARTING PAY	FINAL PAY
	FROM	TO				

**BUSINESS REFERENCES**

NAME	ADDRESS AND TELEPHONE NUMBER	OCCUPATION

**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/Education Information.** I authorize the references listed in the Application for Employment, and any prior employer, educational institute, or any other persons or organizations to give the Iosco 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 Iosco 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 Iosco 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 Iosco County Road Commission or myself. I understand that no manager or other representative of the Iosco 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.

NOTE: Upon completion of the 6-month probationary period and attainment of seniority status, regular hourly employment will be subject to the conditions of the Working Agreement between the Iosco County Road Commission and the Iosco County Road Commission Employees' Association. (Refer to Article 8 of the Working Agreement.)

**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 Iosco 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 Iosco County Road Commission has not accommodated me as required by law.

**6. Criminal Records Check.** I agree to execute an authorization for the Iosco County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Iosco 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 Iosco 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 Iosco 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 Iosco County Road Commission.

**10. Protected Disability.** I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Iosco County Road Commission to attempt to make a reasonable accommodation for it. I must make my request in writing to the personnel department as soon as possible after the date I know that accommodation is needed.

**11. Driving Records Check.** If applying for a position that requires driving an Iosco County Road Commission vehicle, I authorize the Iosco County Road Commission and its agents the authority to make investigations and inquiries of my driving record.

**12. Fringe Benefits.** In accepting employment with the Iosco 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 arrangement, withholding exemptions and dependent information. The Iosco County Road Commission shall rely on the most recent information for all purposes.

**13. Consideration of Employment.** I understand that my application will be considered pursuant to the Iosco County Road Commission's normal procedures for a period OF SIXTY (60) DAYS. IF I AM STILL INTERESTED IN EMPLOYMENT THEREAFTER, I MUST REAPPLY.

I HAVE READ AND UNDERSTAND ITEMS #1 THROUGH #13 ABOVE, AND ACKNOWLEDGE THAT WITH MY SIGNATURE BELOW.

Dated: \_\_\_\_\_

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