



BOARD OF COUNTY ROAD COMMISSIONERS

NEWAYGO COUNTY
835 ONE MILE ROAD
WHITE CLOUD, MICHIGAN 49349
TELEPHONE (231) 689-6682
FAX (231) 689-5994
E-MAIL admin@newaygoroads.com
www.newaygoroads.com

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Position(s) Applied for _____ Date of application _____

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 yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long yr./mo.

Street City State & Zip Code How Long yr./mo.

Street City State & Zip Code How Long yr./mo.

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

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

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

Dates: From _____ to _____ Rate of pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

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.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME		FROM	FROM
ADDRESS		MO. YR.	MO. YR.
CITY	STATE ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER	SALARY/WAGE	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING	

EMPLOYER		DATE	
NAME		FROM	FROM
ADDRESS		MO. YR.	MO. YR.
CITY	STATE ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER	SALARY/WAGE	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING	

EMPLOYER		DATE	
NAME		FROM	FROM
ADDRESS		MO. YR.	MO. YR.
CITY	STATE ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER	SALARY/WAGE	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING	

EMPLOYER		DATE	
NAME		FROM	FROM
ADDRESS		MO. YR.	MO. YR.
CITY	STATE ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER	SALARY/WAGE	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING	

EMPLOYER		DATE	
NAME		FROM	FROM
ADDRESS		MO. YR.	MO. YR.
CITY	STATE ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER	SALARY/WAGE	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO		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 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NON, WRITE NONE

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 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: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR & SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
MOTORCOACH-SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

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 understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
 DATE EMPLOYED _____ POINT EMPLOYED _____
 DEPARTMENT _____ CLASSIFICATION _____

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

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
 DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

Request/Consent of Information From Previous Employer on Alcohol/Drug Testing

SECTION 1: PROSPECTIVE EMPLOYEE

This release authorized by:

First M.I. Last

hereby authorize that

Previous Employer	Address
City, State, Zip	Telephone Fax No.

may release and forward information requested in section 2 below, concerning my Federal Department of Transportation alcohol and controlled substances testing records to:

Prospective Employer	Address
Newaygo County Road Commission	935 E. One Mile Road, White Cloud, MI 49349
Telephone	Fax
231-689-6682	231-689-5994

Applicant Signature

Date

This is in compliance with Title Code Part 382 of Federal DOT Regulations. Sec. 382.413

a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers.

b) An employer shall obtain, pursuant to a driver's consent, information of the driver's alcohol tests with a concentration result of 0.04% or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under Sec. 382.401 (b) (1) (i) through (iii).

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

- Has this person been in a DOT random testing pool in the past two years?	Yes	No
- Has this person ever tested positive for a controlled substance in the last two years?	Yes	No
- Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04% or greater in the last two years?	Yes	No
- Has this person ever refused a required test for drugs or alcohol in the past two years?	Yes	No

If yes to any of the above questions, please give the Substance Abuse Professional's (SAP) name, address and phone number for further reference.

Name	Street
State Zip	Section 2 Completed by - need signature Date

**Previous Employer ~ Please complete and return to the
Newaygo County Road Commission**

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	Employer