



# BOARD OF COUNTY ROAD COMMISSIONERS

NEWAYGO COUNTY  
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## 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 \_\_\_\_\_ How Long \_\_\_\_\_  
Street City State & Zip Code yr./mo.

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

\_\_\_\_\_ How Long \_\_\_\_\_  
Street City State & Zip Code 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 Social Security Number

\_\_\_\_\_ hereby authorize that \_\_\_\_\_

\_\_\_\_\_  
Previous Employer Address

\_\_\_\_\_  
City, State, Zip Telephone Fax No.

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

\_\_\_\_\_  
Prospective Employer Street

\_\_\_\_\_  
City, State, Zip Telephone Fax No.

\_\_\_\_\_  
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**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| • Has this person been in a DOT random testing pool in the past two years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has this person ever been tested positive for a controlled substance in the last two years?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04% or greater in the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has this person ever refused a required test for drugs or alcohol in the last two years?                             | <input type="checkbox"/> | <input type="checkbox"/> |

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

\_\_\_\_\_  
City, State, Zip Telephone Fax No.

**SECTION 3: TO BE COMPLETED AND RETURNED TO PROSPECTIVE EMPLOYER/AGENT**

This form was  faxed  mailed to previous employer. Date: \_\_\_\_\_

Complete this form when information is received.

_____	_____	_____
information received from	recorded by	date

Method:  Faxed  Mail  Personal Interview  Telephone

**PREVIOUS EMPLOYER COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER/AGENT**

NEWAYGO COUNTY ROAD COMMISSION, 935 EAST ONE MILE ROAD, WHITE CLOUD, MI 49349

### 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