

APPLICATION FOR EMPLOYMENT (Non-CDL)

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.

TODAY'S DATE: _____

TIME: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

Email: _____

SOC. SEC. # _____

TELEPHONE # _____

CURRENT ADDRESS: _____

LENGTH OF TIME AT THIS ADDRESS: _____

PREVIOUS ADDRESS: _____

LENGTH OF TIME AT THIS ADDRESS: _____

Job(s) Applied For:

1. _____
2. _____

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?

Do you have any skills, qualifications or experiences which you feel would especially fit you for work with us? _____

U.S. ARMED FORCES SERVICE? YES NO				
Branch:		Duties:		
Rank or rating at time of enlistment:			Rating at time of discharge:	
Were you honorably discharged? YES NO If not, please explain: _____ _____				
(An other than honorable discharge will not be an automatic bar to employment.)				
Are you able to do the job 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: _____ _____				
(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	HIGHEST GRADE COMPLETED OR DEGREE OBTAINED	CITY / STATE	COURSE OF STUDY
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
OTHER				

PRIOR WORK EXPERIENCE

NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	DATES OF EMPLOYMENT		REASON FOR LEAVING	TYPE OF WORK DONE AND SUPERVISOR NAME	STARTING PAY	FINAL PAY
	FROM	TO				

BUSINESS REFERENCES

NAME	ADDRESS / 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 / Educational Information. I authorize the references listed in the Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give the Lenawee 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 Lenawee 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 Lenawee 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 County Road Commission or myself. I understand that no manager or other representative of the 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 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 Lenawee 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 Lenawee County Road Commission has not accommodated me as required by law.
6. Criminal Records Check. I agree to execute an authorization for the Lenawee County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the 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 Lenawee 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 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 Lenawee County Road Commission.

10. Driving Record Check. If applying for a position that requires driving a Lenawee County Road Commission vehicle, I authorize the Lenawee County Road Commission and its agents the authority to make investigations and inquiries of my driving record.

11. Fringe Benefits. In accepting employment with the Lenawee 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 Lenawee County Road Commission shall rely on the most recent information for all purposes.

12. Credit Report. I understand that the Lenawee 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 Lenawee 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 related 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 which is longer 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.

Date

Applicant's Signature