

APPLICATION FOR EMPLOYMENT

Please print.



Date of Application _____

PERSONAL

Name: last _____ first _____ middle _____

Current Address _____

Phone Number () _____ Email Address _____

What position are you interested in? 1) _____ 2) _____

Are you legally authorized to work in the United States? yes no

Have you applied here before? yes no

How did you hear about us? _____

Do you have any friends or relatives working here? yes no

If yes, please list. _____

Have you ever been convicted of a crime? yes no

If yes, please give the date, city, and nature of the offense. _____

(The existence of a criminal record will not necessarily disqualify you from employment consideration.)

Are you regularly able to lift 25 pounds with or without accommodation? yes no

Do you have a CDL license if the position requires it? yes no

Date Available for work _____ Total hours available per week _____

Check days available to work. Mon Tues Wed Thurs Fri Sat Sun

Type of hours (check all that apply): full-time part-time seasonal/winter seasonal/summer

Will you work overtime if necessary? yes no

Are there any days or hours you are unable or unwilling to work? If so, please indicate below.

Do you have reliable transportation to and from work? _____

Is there anything that would prevent you from getting to work on time and having regular and consistent attendance? yes no

If yes, please explain: _____

EDUCATION

Check the highest level of education completed: High School Diploma or GED: yes no

College: Associates BA/BS M.A. Other related education: _____

Please list certifications, licenses, or schools attended starting with the most recent.

<u>School</u>	<u>Address</u>	<u>Area of Study</u>

SKILLS AND OTHER RELATED EXPERIENCE

What skills and experience do you have in the following areas? Please check.

<input type="checkbox"/> Mechanical	<input type="checkbox"/> Management
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Road Construction
<input type="checkbox"/> Road Commission	<input type="checkbox"/> Tree Work - Chainsaw
<input type="checkbox"/> Maintenance	<input type="checkbox"/> GIS / IT
<input type="checkbox"/> Snow Plowing	<input type="checkbox"/> Highway Engineering
<input type="checkbox"/> CDL - A License	<input type="checkbox"/> Permits and Inspections
<input type="checkbox"/> CDL – B License	<input type="checkbox"/> Government / Municipal
<input type="checkbox"/> Customer Service	

Other: _____

WORK HISTORY

Please begin by listing your **most recent employer first**. Please complete it in full. You may also attach a resume and include military service and verifiable volunteer work.

Employer _____	Dates from _____ to _____	Rate of Pay start _____ final _____
Address _____	Work Performed _____	
Phone _____	_____	
Job Title _____	_____	
Supervisor _____	_____	
Reason for leaving _____	_____	

WORK HISTORY CONTINUED

Employer <hr/> Address <hr/> Phone <hr/> Job Title <hr/> Supervisor <hr/> Reason for leaving <hr/>	Dates from _____ to _____	Rate of Pay start _____ final _____
Work Performed <hr/> <hr/> <hr/> <hr/>		
Employer <hr/> Address <hr/> Phone <hr/> Job Title <hr/> Supervisor <hr/> Reason for leaving <hr/>	Dates from _____ to _____	Rate of Pay start _____ final _____
Work Performed <hr/> <hr/> <hr/> <hr/>		
Employer <hr/> Address <hr/> Phone <hr/> Job Title <hr/> Supervisor <hr/> Reason for leaving <hr/>	Dates from _____ to _____	Rate of Pay start _____ final _____
Work Performed <hr/> <hr/> <hr/> <hr/>		

REFERENCES

Please list three people we may contact – please do not include immediate relatives or former employers.

Name and email address: _____

Phone number () _____ Occupation _____

Years known _____ How do you know this person? _____

Name and email address: _____

Phone number () _____ Occupation _____

Years known _____ How do you know this person? _____

Name and email address: _____

Phone number () _____ Occupation _____

Years known _____ How do you know this person? _____

SIGNATURE

Read completely before signing.

I understand that the receipt of this application does not imply that I will be employed.

I represent that all of the information given by me in support of my application is true and complete to the best of my knowledge. Upon signing this application, I understand that I will be subject to immediate dismissal or refusal to hire at any time if Grand Traverse County Road Commission discovers that I have omitted, misstated, or falsified information on this application or at anytime during the hiring process.

I authorize the Grand Traverse County Road Commission and its representatives to verify any of the information on this application and other documentation that I have provided, which may include prior employment records, education, consumer credit, criminal convictions, motor vehicle history, and other reports. I authorize all previous employers and other people who have information of me to release such information as is required. I hereby release Grand Traverse County Road Commission and any representatives of Grand Traverse County Road Commission from all claims or liabilities whatsoever as a result of any such inquiries and disclosures.

I understand that all employees of Grand Traverse County Road Commission are at will and that either party may terminate the employment relationship, with or without cause, at any time. Neither this application nor any other documents given to me is intended to create an express or implied contract of employment for a definite term.

Under state law, an employee must notify the employer in writing of the need for accommodation within 182 days of when the employee knew or reasonably should have known that accommodation was needed.

I agree to be bound by the rules, policies, and regulations of Grand Traverse County Road Commission if I am employed.

I certify that I have read and agree with the statements above.

Print Name _____

Applicant Signature _____

Date _____