



Macomb County Department of Roads
 Administration Building
 117 S. Groesbeck Highway
 Mount Clemens, Michigan 48043
 (586) 463-8671

Position(s) for which you are applying:

 Date _____

APPLICANT INFORMATION:

- Questions must be answered to the best of your knowledge; reference to other documents (i.e., "see resume") is not acceptable.
- All sections of this form must be completed or application will not be processed.

PERSONAL

NAME _____
Last First M Initial Telephone No.

ADDRESS _____
Number Street City State Zip Code

Social Security No. _____ Are you 18 or older? Yes No If not, date of birth _____

Driver's License# _____ State of _____ Expires _____

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? Yes No

In case of accident notify _____
Name Telephone No.

MILITARY EXPERIENCE

Branch of service _____ Highest rank held _____

Date entered _____ Date discharged _____

Did you attend school while in the service? Yes No If yes, which course(s) did you study? _____

EDUCATION

SCHOOL	NAME AND LOCATION	CIRCLE HIGHEST GRADE COMPLETED	DID YOU GRADUATE?
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate		Number of years attended 1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No Major: _____ Minor: _____
Graduate		Number of years attended 1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No Major: _____ Minor: _____
Postgraduate or other education			
Specialized or trade school		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No Course of study: _____

EMPLOYMENT HISTORY

ALL AREAS OF THE EMPLOYMENT HISTORY SECTION MUST BE COMPLETED, OR APPLICATION WILL NOT BE PROCESSED. Begin with the most recent employment and list all jobs in order, including time spent in the Armed Forces. Account for any time lapses in your employment history. Reference to other documents (i.e. see resume) is not acceptable.

NAME AND COMPLETE ADDRESS OF FIRM	POSITION/TITLE <i>Describe type of work performed</i>	FROM TO	REASON FOR LEAVING	SALARY
1. _____ _____ Telephone No. _____ Supervisor _____		Mo./Yr. Mo./Yr. _____ _____		Start: _____ Ending: _____
2. _____ _____ Telephone No. _____ Supervisor _____		Mo./Yr. Mo./Yr. _____ _____		Start: _____ Ending: _____
3. _____ _____ Telephone No. _____ Supervisor _____		Mo./Yr. Mo./Yr. _____ _____		Start: _____ Ending: _____
4. _____ _____ Telephone No. _____ Supervisor _____		Mo./Yr. Mo./Yr. _____ _____		Start: _____ Ending: _____
5. _____ _____ Telephone No. _____ Supervisor _____		Mo./Yr. Mo./Yr. _____ _____		Start: _____ Ending: _____
6. _____ _____ Telephone No. _____ Supervisor _____		Mo./Yr. Mo./Yr. _____ _____		Start: _____ Ending: _____

May we contact the employers listed above? Yes No If not, indicate by number which one(s) you do not wish us to contact _____

Are you employed now? Yes No May we contact your present employer? Yes No

SPECIAL SKILLS

List skills such as typing speed, shorthand, machine licenses (attach copies if applicable).

The Macomb County Department of Roads as an equal opportunity employer, is committed to compliance with federal and state laws prohibiting discrimination, on the basis of race, gender, color, religion, national origin, age, marital status, disability, veteran status or other prohibited factors in employment. Inquiries or complaints may be addressed to: Macomb County Department of Roads, Personnel Director, 117 S. Groesbeck Hwy., Mt. Clemens, MI 48043

GENERAL INFORMATION

PROVIDE THE FOLLOWING INFORMATION.

Can you accept a position immediately? Yes No If not, how soon? _____

Are you willing to work: Full-time Temporary Part-time Nights
 Days Saturday Sunday Seasonal

Have you ever been employed by the Road Commission? Yes No

If yes, list when and where. _____

If employed for Road Commission under another name, indicate other name. _____

Relatives employed with Road Commission

Name	D	epartment	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been suspended or discharged from any position(s)? Yes No

If yes, give position and reason(s): _____

Have you ever been convicted of a felony? Yes No

If yes, give date, name of court, nature of offense and disposition of case: _____

PERSONAL REFERENCES (List three)

NAME:

TELEPHONE NUMBERS:

1. _____
2. _____
3. _____

(A conviction record will not necessarily be a bar to employment)

ACOMODATION STATEMENT

Michigan Law prohibits discrimination in employment and specifically in law enforcement and public service based on religion, race, color, national origin, age, gender, marital status, arrest record or disability.

If you are an individual with disabilities or impairments needing accommodations for employment, you must notify the Department of Roads within 182 days after your date of employment.

I have read and understand the above statement. _____

(applicant initials)

**APPLICANT'S STATEMENT
CERTIFICATION ♦ AUTHORIZATION**

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the Department of Roads has the right to refuse to hire or subject me to discipline at any time, if it discovers that the information and/or answers that I have provided in this application for employment, including any resume that I may have submitted, are not true, correct and/or complete.
- I hereby authorize the Department of Roads to verify the answers and information given by me in this application and supporting documentation, and to make any lawful investigations, credit bureaus, educational institutions, and references contacted by the Department of Roads to release any information they have regarding me and the Department of Roads has no obligation to provide written notice to me.
- I authorize the Department of Roads to use the information in its possession concerning me for any lawful purpose it deems appropriate, including disclosure of lawful information to future employers, without notification to me of such disclosure, and I release the Department of Roads from any liability in connection with such lawful use or disclosure.
- If I am hired by the Department of Roads, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the Department of Roads as they are from time-to-time changed, with or without notice to me. I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as an employment contract.
- I understand that only the Appointing Authority has any capacity to enter into any agreement for the employment for any specified time.
- I agree not to commence any action or claim relating to my employment with the Department of Roads, or this application for employment, more than one year after termination of such employment or the date of this application, and to waive any statute of limitations to the contrary.
- I understand that Michigan and/or federal law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand that disabled employees and applicants may request an accommodation of their disability by notifying the Employer in writing of the need for accommodation.
- This application for employment shall be considered active for a period of time not to exceed one (1) year from the date this application is signed. At the conclusion of this time, if I have not heard from the Department of Roads, but still wish to be considered for employment, it will be necessary for me to complete a new application for employment.
- I understand that an offer of employment is contingent upon my completion of a pre-employment physical, tuberculosis test and drug and alcohol testing if applicable.
- I have been informed and understand that any offer of employment to a position is contingent upon my ability to perform the essential functions, with or without reasonable accommodation, of the position which I may be offered, as determined by the Department of Roads.
- If I am hired in a position requiring a Commercial Driver's License, I understand there will be random drug and alcohol testing.
- I understand that employment with the Macomb County Department of Roads may require securing and holding a Class I or II driver's license if hired and if requested. I agree herewith to secure such license. Further, I understand that I must possess and maintain a good driving record, both on and off the job, as a condition of employment with the Macomb County Department of Roads and that my driving record may be subject to review during the course of employment.

Applicant's Signature _____ **Date** _____