



ALLEGAN COUNTY ROAD COMMISSION

“An Equal Opportunity Employer”

Thank you for completing an Application for Employment with the Allegan County Road Commission.

Applications are kept on file for one (1) year. Your application will be considered any time during this one year period if a position should become available.

If you have a change in address or telephone number during this one year period, please feel free to call and tell the receptionist of the change.

PLEASE DO NOT CALL OR STOP IN THE OFFICE TO “UPDATE” YOUR APPLICATION FOR ANY OTHER REASON.

Your cooperation is greatly appreciated.

Please keep this notice for your records.

Very truly yours,

Craig S. Atwood
Managing Director

CSA/bb

ALLEGAN COUNTY ROAD COMMISSION

1308 LINCOLN ROAD
ALLEGAN, MICHIGAN 49010-9762

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT PLAINLY)

PERSONAL:

DATE: _____

Name _____ Soc. Sec. # _____
Last First M.

Present Address: _____
Street City State ZIP

How many years at this address? _____ Telephone (_____) _____
Area

Previous Address _____
Street City State ZIP

How many years at that address? _____ Email _____

Job(s) applied for 1. _____ 2. _____

How did you learn of this opening? _____

Have you worked for us before? _____ If yes, when? _____

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Allegan County Road Commission? _____

Do you have a CDL License? No _____ Yes _____ Class _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? No _____

Yes _____ If yes, describe in full: _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:

Name: _____ Phone: _____

Address: _____

EDUCATIONAL BACKGROUND:

TYPE OF SCHOOL	NAME AND ADDRESS	YEARS ATTENDED	GRADUATED			COURSE OR MAJOR
			YES		NO	
GRAMMAR OR GRADE			YES		NO	
HIGH SCHOOL			YES		NO	
COLLEGE			YES		NO	
POST GRADUATE			YES		NO	
BUSINESS OR TRADE			YES		NO	
OTHER			YES		NO	

MILITARY SERVICE RECORD:

Have you ever served in the armed forces? _____ Yes _____ No

If yes, what branch? _____

Dates of duty: _____ To _____
Month Day Year Month Day Year

Rank at discharge: _____

What were your duties in the Service (include special training and duty station)? _____

PERSONAL REFERENCES:

	NAME	ADDRESS	PHONE NUMBER
1.			
2.			
3.			

PRIOR WORK HISTORY

(List in order, last or present employer first)

DATES		NAME & ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & TITLE	REASONS FOR LEAVING
FROM	TO		FROM	TO		

DESCRIBE IN DETAIL THE WORK YOU DID:

DATES		NAME & ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & TITLE	REASONS FOR LEAVING
FROM	TO		FROM	TO		

DESCRIBE IN DETAIL THE WORK YOU DID:

DATES		NAME & ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & TITLE	REASONS FOR LEAVING
FROM	TO		FROM	TO		

DESCRIBE IN DETAIL THE WORK YOU DID:

May we contact the employers listed above? _____

If not, indicate below which one(s) you do not wish us to contact:

SPECIALIZED SKILLS

Occasionally, the form of an application blank makes it difficult for an individual to adequately summarize his complete background. To assist us in finding the proper position for you within the Road Commission, use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the Road Commission will be based only on your merit and on no other specification. This application for employment shall be considered active for a period of 12 months (1 year).

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and driving record through any investigative or credit agencies or bureaus of your choice.

Signature of Applicant _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW YES NO DATE: _____ TIME: _____

RESULT OF INTERVIEW: _____

Acceptable for Employment? _____ Starting Rate _____ Starting Date _____

Shift: _____ Occupation: _____

Garage: _____

Interviewed By: _____

Employed By: _____

Approved By: _____

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT)

Date: _____

Position(s) Applied For: _____

Referral Source:

Advertisement Friend Relative Walk-in
 Employment Agency Other

Name _____ Phone(_____) _____
Last First Middle Area

Address _____
Number Street City State ZIP

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one: Male Female

Check one of the following:

White Black Hispanic
 American Indian Other

Check if any of the following are applicable:

Veteran Handicapped Individual