



**MONROE COUNTY ROAD COMMISSION**  
**EMPLOYMENT APPLICATION FOR CDL POSITION**

840 S. Telegraph Road  
Monroe, MI 48161

(734) 240-5102 FAX (734) 240-5101

Website to obtain application: [mcr-c-mi.org](http://mcr-c-mi.org)

Email to forward application: [mcr-c@chartermi.net](mailto:mcr-c@chartermi.net)

Equal access to programs, services, and employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

(Please print in ink)

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(last) (first) (middle)

Current Address \_\_\_\_\_  
(street) (city) (state) (zip)

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Cell/Other Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Social Security # \_\_\_\_\_

Can you provide proof of age?  Yes  No

List addresses where you have resided for the past three (3) years:

Previous Address \_\_\_\_\_  
(street) (city) (state) (zip)

Previous Address \_\_\_\_\_  
(street) (city) (state) (zip)

Previous Address \_\_\_\_\_  
(street) (city) (state) (zip)

List any additional addresses in the past three (3) years and the reverse side of this form.

REFERRAL SOURCE (Please check the appropriate category and name the source)

- |  |  |
|--|--|
| <input type="checkbox"/> Walk-In _____       | <input type="checkbox"/> Other Internet _____    |
| <input type="checkbox"/> Employee _____      | <input type="checkbox"/> School _____            |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Employment Agency _____ |
| <input type="checkbox"/> Website _____       | <input type="checkbox"/> Other _____             |

Type of Employment desired:

- Full Time  Part-Time  
 Seasonal  Temporary

If necessary, the best time to call you is \_\_\_\_\_ a.m. p.m.

May we contact you at work?  Yes  No

If yes, work number and best time to call:  
(\_\_\_\_) \_\_\_\_\_ a.m. p.m.

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country?

- Yes  No

Have you submitted an application here before?  Yes  No

If yes, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If yes, please give dates:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Desired salary : \$ \_\_\_\_\_

Do you have any friends or relatives working for the Monroe

County Road Commission?  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

If yes, please provide date(s) and detail:

\_\_\_\_\_  
\_\_\_\_\_  
Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature, date, surrounding circumstances and relevance of the offense to the position(s) applied for may, however be considered.

### DRIVER INFORMATION

List all driver licenses or permits you have held in the past three (3) years:

License No.	Issuing State	Type of License	Expiration Date

List all motor vehicle accidents you were involved in the past three (3) years:

Accident Date	Nature of Accident	Injuries	Fatalities

I have had no accidents in the past three (3) years.

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) which you have been convicted or forfeited bond or collateral during the past three (3) years:

Violation Date	Violation Description	Charge	Penalty

I have had no motor vehicle violations in the past three (3) years.

*Note: Attach separate sheet if additional space is needed.*

Have you ever been disqualified under the Federal Motor Carrier Safety Regulations?  Yes  No

If yes, provide date(s) and detail: \_\_\_\_\_

## DRIVER INFORMATION (cont.)

Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety-sensitive work covered by DOT drug and alcohol testing rules?  Yes  No

If yes, provide date(s) and detail: \_\_\_\_\_

Have you ever been convicted of driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives?  Yes  No

If yes, provide date(s) and detail: \_\_\_\_\_

Have you experienced the denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle that has been issued to you?  Yes  No

If yes, provide date(s) and detail: \_\_\_\_\_

## EMPLOYMENT HISTORY

*Starting with your most recent employer, provide the following information*

### **Federal Regulations require all driver applicants provide the last ten (10) years employment history.**

The applicant's previous employers will be contacted and the employment history information listed below may be used for the purpose of investigating the applicant's safety performance as required by Federal Regulations section 391.23 (d) and (e).

\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle weights or has a GWR of 10,001 lbs. or more, is designed or used to transport 9 or more passengers or is any size and is used to transport hazardous material requiring placarding.

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_

Immediate supervisor and title (for most recent position held) \_\_\_\_\_ May we contact for reference?  Yes  No  Later

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

Dates employed \_\_\_\_\_ Starting Compensation \_\_\_\_\_ Final Compensation \_\_\_\_\_

\*Were you subject to Federal Motor Carrier Safety Regulations while employed by the above employer?  Yes  No

as your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Yes  No

Employer	Telephone #		
Street Address	City	State	Zip Code
Starting job title/final job title			
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
Dates employed	Starting Compensation	Final Compensation	
*Were you subject to Federal Motor Carrier Safety Regulations while employed by the above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone #		
Street Address	City	State	Zip Code
Starting job title/final job title			
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
Dates employed	Starting Compensation	Final Compensation	
*Were you subject to Federal Motor Carrier Safety Regulations while employed by the above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone #		
Street Address	City	State	Zip Code
Starting job title/final job title			
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
Dates employed	Starting Compensation	Final Compensation	
*Were you subject to Federal Motor Carrier Safety Regulations while employed by the above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer		Telephone #	
Street Address	City	State	Zip Code
Starting job title/final job title			
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
Dates employed	Starting Compensation	Final Compensation	
*Were you subject to Federal Motor Carrier Safety Regulations while employed by the above employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer		Telephone #	
Street Address	City	State	Zip Code
Starting job title/final job title			
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
Dates employed	Starting Compensation	Final Compensation	
*Were you subject to Federal Motor Carrier Safety Regulations while employed by the above employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer		Telephone #	
Street Address	City	State	Zip Code
Starting job title/final job title			
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
Dates employed	Starting Compensation	Final Compensation	
*Were you subject to Federal Motor Carrier Safety Regulations while employed by the above employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer	Telephone #		
Street Address	City	State	Zip Code
Starting job title/final job title			
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
Dates employed	Starting Compensation	Final Compensation	
*Were you subject to Federal Motor Carrier Safety Regulations while employed by the above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone #		
Street Address	City	State	Zip Code
Starting job title/final job title			
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
Dates employed	Starting Compensation	Final Compensation	
*Were you subject to Federal Motor Carrier Safety Regulations while employed by the above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone #		
Street Address	City	State	Zip Code
Starting job title/final job title			
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Why did you leave?			
Summarize the type of work performed and job responsibilities.			
Dates employed	Starting Compensation	Final Compensation	
*Were you subject to Federal Motor Carrier Safety Regulations while employed by the above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Explain any gaps in your employment, other than those due to personal illness, injury or disability \_\_\_\_\_

---

**SKILLS AND QUALIFICATIONS**

- Working as a laborer  Yes  No Years of Experience: \_\_\_\_\_ years
- Straight (dump) truck  Yes  No Years of Experience: \_\_\_\_\_ years
- Tractor and semi-trailer  Yes  No Years of Experience: \_\_\_\_\_ years
- Quad Axle Dump Trucks with a trailer  Yes  No Years of Experience: \_\_\_\_\_ years
- Motorcoach – School Bus  Yes  No Years of Experience: \_\_\_\_\_ years

List any other equipment you have operated along with years of experience that would assist you in a laborer or truck driving position:

---

List any special courses or training that would apply to a laborer or truck driving position:

---

List any certificates, awards or licenses which would apply to a laborer or truck driving position:

---

List any other relevant experience, skills, or training that may assist you in performing a laborer or truck driving position:

---

**EDUCATIONAL BACKGROUND**

Starting with your most recent school attended, provide the following information.

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5

School	City & State	Courses of Study	Major/Minor

**MILITARY BACKGROUND**

Branch	Dates Served	Rank at Discharge	Duties	Were you dishonorably discharged? If so, explain.

## BUSINESS REFERENCES

List three business/work references that are *not* related to you and are *not* previous supervisors.

Name	Title	Relationship to You	Daytime Telephone	Years Known

Is there any other job-related information you want us to know about you?

THE MONROE COUNTY ROAD COMMISSION IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

## APPLICANT'S CERTIFICATION AND STATEMENT

**Certification of Truthfulness** This certifies that I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**Authorization and Release of 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 Monroe Co. 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 Monroe Co. Road Commission. I hereby waive written notice that employment information is being provided by any person or organization.

**Employment at Will** If I am hired, in consideration of my employment, I agree to abide by the rules and policies of the Monroe Co. 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 the option of either the Monroe County Road Commission or myself. I understand that no manager or other representative of the Monroe 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.

**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.

**Release of Medical Information** I authorize every medical doctor, physician or other healthcare providers 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 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 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.

**Protected Disability** I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Monroe County Road Commission to attempt to make a reasonable accommodation for it. I must make my request in writing to the Human Resource Department as soon as possible after the date I know that accommodation is needed.



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

**Fringe Benefits** In accepting employment with the Monroe 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 arrangement, withholding exemptions and dependent information. The Monroe County Road Commission shall rely on the most recent information for all purposes.

**Condition of Employment** I also understand that if I am offered a position with the Monroe Co. Road Commission, I will be required to submit to a medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these tests and checks will result in withdrawal of any employment offer or determination of employment if already employed.

**Consideration of Employment** I understand that this application remains on file for one (1) year, and it is my responsibility to provide and updates or changes to this application to keep all information current.

**Applicant Rights** You are hereby notified that you have the following rights regarding the investigative information that will be provided to us pursuant to 49 CFR 391.23 (d) and (e):

- 1) The right to review information provided by previous employers;
- 2) The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer;
- 3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms and rights of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_