

APPLICATION FOR SEASONAL LABORER

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. USE PAGE 10 IF YOU NEED TO CLARIFY ANY RESPONSES. YOUR APPLICATION WILL BE CONSIDERED FOR SIXTY (60) DAYS.

TODAY'S DATE: _____	TIME: _____															
NAME: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Last) (First) (Middle) </div>																
SOCIAL SECURITY #: _____	DATE OF BIRTH:* _____	TELEPHONE #: _____														
CURRENT ADDRESS: _____		DATES OF RESIDENCY: _____														
ALL OTHER ADDRESSES DURING THE LAST 3 YEARS:																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left; border-bottom: 1px solid black;"><u>PREVIOUS ADDRESSES</u></th> <th style="width: 50%; text-align: left; border-bottom: 1px solid black;"><u>DATES OF RESIDENCY</u></th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </tbody> </table>			<u>PREVIOUS ADDRESSES</u>	<u>DATES OF RESIDENCY</u>												
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Job(s) Applied For: SEASONAL LABORER																
1. _____ Rate of Pay Expected: \$ _____ per _____																
2. _____ Rate of Pay Expected: \$ _____ per _____																
Have you ever applied for work with us before?																
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?																
List anyone you know who works for us:																
_____ _____																

* Required by 49 C.F.R. §391.21(b)(2).

APPLICATION FOR SEASONAL LABORER

Do you have any skills, qualifications, or experience that you feel especially well-suited to working with us?

U.S. ARMED FORCES SERVICE? YES NO

Branch: _____ **Duties:** _____

Rank at time of enlistment: _____

Rank at time of discharge: _____

Were you dishonorably discharged? YES NO

If yes, explain: _____

Are you able to do the job for which you are applying?: YES NO

If not, please explain: _____

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	COURSE OF STUDY
GRAMMAR			
HIGH SCHOOL			
COLLEGE			
OTHER			

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PRIOR WORK EXPERIENCE

*** NOTICE TO APPLICANT***

The information you provide in response to this question may be used, and your prior employers may be contacted. 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 re-send 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.

I HAVE READ AND UNDERSTOOD THESE RIGHTS.

Applicant's Signature

Please list the names and addresses of your employers during the last 5 years, together with the dates of employment and the reasons for leaving such employment:

Last Employer

Name:

**Dates of
Employment:**

Address:

Supervisor Name:

Phone:

Was the applicant subject to *FMCSRs while employed by the above employer?

YES NO

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES NO

Reason for leaving:

*Federal Motor Carrier Safety Regulations

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Second to Last Employer

Name:

Dates of
Employment:

Address:

Supervisor Name:

Phone:

Was the applicant subject to *FMCSRs while employed by the above employer?

YES NO

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES NO

Reason for leaving:

Third to Last Employer

Name:

Dates of
Employment:

Address:

Supervisor Name:

Phone:

Was the applicant subject to *FMCSRs while employed by the above employer?

YES NO

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES NO

Reason for leaving:

*Federal Motor Carrier Safety Regulations

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Fourth to Last Employer

Name:

Dates of
Employment:

Address:

Supervisor Name:

Phone:

Was the applicant subject to *FMCSRs while employed by the above employer?

YES NO

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES NO

Reason for leaving:

Fifth to Last Employer

Name:

Dates of
Employment:

Address:

Supervisor Name:

Phone:

Was the applicant subject to *FMCSRs while employed by the above employer?

YES NO

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES NO

Reason for leaving:

*Federal Motor Carrier Safety Regulations

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Sixth to Last Employer

Name:

Dates of
Employment:

Address:

Supervisor Name:

Phone:

Was the applicant subject to *FMCSRs while employed by the above employer?

YES NO

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES NO

Reason for leaving:

*Federal Motor Carrier Safety Regulations

DRIVER INFORMATION

List the issuing State, number, and expiration date of each motor vehicle operator's license or permit you have held during the last three (3) years:

<u>State</u>	<u>Number</u>	<u>Expiration Date</u>

APPLICANT'S CERTIFICATION AND AGREEMENT

APPLICATION FOR SEASONAL LABORER

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 Oscoda 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 Oscoda 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 Oscoda 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 Oscoda County Road Commission or myself. I understand that no manager or other representative of the Oscoda 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 Oscoda 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 Oscoda County Road Commission has not accommodated me as required by law.
6. Criminal Records Check. I agree to execute an authorization for the Oscoda County Road Commission to obtain criminal conviction history from the appropriate law enforcement agency, should the Oscoda County Road Commission determine it necessary.
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 that 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 Oscoda County Road Commission or its designated agent(s) to withdraw specimens 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 Oscoda County Road Commission.

9. Psychological / Physical Testing. If offered employment, I agree to submit to any psychological or physical testing that 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 Oscoda County Road Commission.

10. Driving Record Check. If applying for a position that requires driving an Oscoda County Road Commission vehicle, I authorize the Oscoda County Road Commission and its agents to conduct investigations and inquiries into my driving record.

11. Fringe Benefits. In accepting employment with the Oscoda 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 to verify eligibility for fringe benefits, as well as information regarding mailing address, telephone numbers, contact arrangements, withholding exemptions, and dependent information. The Oscoda County Road Commission shall rely on the most recent information for all purposes.

12. Credit Report. I understand that the Oscoda County Road Commission or its agents may conduct an investigation in which 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 Oscoda 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 relating 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 to the contrary.

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-SIGNATURE PAGE-

I HAVE READ AND UNDERSTOOD 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.

Applicant's Signature

Date of Signature

Write Applicant's Name

Revised 03/25/2022

