

BERRIEN COUNTY ROAD COMMISSION

2860 E. NAPIER AVENUE
PO BOX 768, BENTON HARBOR, MICHIGAN 49023
TELEPHONE: (269) 925-1196

EMPLOYMENT APPLICATION FOR COMMERCIAL DRIVERS LICENSE (CDL) DRIVERS

The Berrien County Road Commission, in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 200d), related statutes and regulations provides that no person shall on the ground of race, color, national origin, gender, or disabilities be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal Funds.

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. If sufficient space is not provided here for you to give a complete answer to certain questions, please attach such additional information to this application. Your application must also specify the position for which you are applying. Stating that you will do "anything" is indefinite and may result in your application not being accepted by the Road Commission. Your application will be considered for sixty (60) days.

GENERAL INFORMATION

1. Today' Date _____
2. Name in full _____
(Last) (First) (Middle)
3. ~~Social Security Number~~ _____ ~~Date of Birth~~ _____
4. Present Address _____
(Street) (City & State) (Zip Code)
Phone _____ Length of time at this address: _____

If the above address is less than three years old, list all addresses for the past three years.

(Street) (City & State) (Zip Code)

(Street) (City & State) (Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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5. Job (s) applied for:

A. _____ Rate of Pay Expected \$ _____ per _____
B. _____ Rate of Pay Expected \$ _____ per _____

6. Do you want to work: _____ Full Time _____ Part Time _____ No. of Hours _____

7. Have you ever applied for work with us before? Yes No
If yes, when _____

8. If hired, when can you start? _____

9. Are you authorized to work in the United States? Yes No

10. Are you able to do the job for which you are applying? Yes No
If not, please explain: _____

11. U.S. Armed Forces Service? Yes No
Branch: _____ Duties _____
Rank: _____ Rank at time of discharge _____

Were you dishonorably discharged? Yes No
If yes, explain _____

12. Who should the Road Commission notify in case of emergency?

(Name)

(Address)

(Phone)

13. Do you have any friends or relatives who now or in the past have worked for
the Road Commission? Yes No

If yes, give name(s) and dates employed. _____

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14. Have you ever been bonded? Yes No

If yes, on what jobs? _____

15. 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.)

16. Are there any criminal charges pending against you? Yes No

If yes, list details. _____

EDUCATIONAL BACKGROUND

17. Please list educational background.

(a) Did you graduate from High School? Yes No

If not, what was the grade level attained? _____

(b) Did you attend College? Yes No

Did you graduate? _____

If no, how many earned credits? _____

(c) Did you attend post graduate school? Yes No

Did you obtain a post graduate degree? Yes No

If not, how many post graduate hours earned? _____

(d) Did you attend a Trade or Business School? Yes No

If so, what school? _____

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18. Please list any special skills, work experience or training that you feel will qualify you for the position sought.

WORK EXPERIENCE

19. 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 for the purpose of investigating your background as required by State and/or Federal Motor Carrier Safety Regulations (FMCSR's). 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 UNDERSTAND THESE RIGHTS.

Applicant's Signature

List names and addresses of all Employers you have worked for during the past 10 years.

Last Employer:

Name _____
Supervisor's Name _____
Address _____
Telephone No. _____ Salary _____
Position Held _____ From _____ To _____
Reason for Leaving _____

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Applicant was subject to FMCSRs while employed by employer? Yes No

Job was 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

Second Last Employer:

Name _____
Supervisor's Name _____
Address _____
Telephone No. _____ Salary _____
Position Held _____ From _____ To _____
Reason for Leaving _____

Applicant was subject to FMCSRs while employed by employer? Yes No

Job was 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

Third Last Employer:

Name _____
Supervisor's Name _____
Address _____
Telephone No. _____ Salary _____
Position Held _____ From _____ To _____
Reason for Leaving _____

Applicant was subject to FMCSRs while employed by employer? Yes No

Job was 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

Fourth Last Employer:

Name _____
Supervisor's Name _____
Address _____
Telephone No. _____ Salary _____
Position Held _____ From _____ To _____
Reason for Leaving _____

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Applicant was subject to FMCSRs while employed by employer? Yes No

Job was 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

(ATTACH SHEET IF MORE SPACE IS NEEDED TO INCLUDE ALL PREVIOUS EMPLOYERS.)

20. Business References

NAME	ADDRESS/TELEPHONE NO.	OCCUPATION

DRIVING INFORMATION

21. List all drivers' licenses held in the past 3 years.

Driver's license number _____
 State the issued driver's license _____
 Date of Expiration of Driver's license _____

Driver's license number _____
 State the issued driver's license _____
 Date of Expiration of Driver's license _____

Do you currently have a CDL? Yes No
 CDL Group? A _____ B _____ Other _____
 CDL Endorsements (Please List) _____

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

22. Have you ever been denied a license permit or privilege to operate a motor vehicle? Yes No

If yes, give details including State where denial occurred. _____

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

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23. Have you every tested positive, or refused to test, on any pre-employment drug 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

24. Has your license, permit or privilege to drive ever been denied, suspended, or revoked? Yes No

If yes, give details including dates, and State of suspension or revocation.

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

25. List all motor vehicle accidents which you have been involved in the past 3 years. Please specify the date of each accident, the nature of each accident and any facilities or personal injury incurred in each accident.

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

26. List all violations of motor vehicle laws or ordinances (other than parking violations) for which you were convicted, forfeited bond or collateral, or plead guilty or no contest to in the past 3 years.

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

27. Have you ever been convicted, or pled guilty or pled no contest to driving while under the influence of alcohol or drugs or while visually impaired? Yes No

If yes, give details _____

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

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

29. List experience in the operation of motor vehicles, including the type of equipment. (Such as buses, trucks, truck tractors, semi-trailers, full trailers, tankers, etc.)

Straight Truck _____ Date Operated From _____ To _____

Approximate Miles _____

Tractor & Semi Trailer _____ Date Operated From _____ To _____

Approximate Miles _____

Twin Trailers _____ Date Operated From _____ To _____

Approximate Miles _____

Tanker Trailer & Trailer _____ Date Operated From _____ To _____

Approximate Miles _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

30. List States operated in for last 5 years.

31. List special courses of training which you have completed that will help you as a driver.

32. List any safe driving awards you have earned.

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APPLICANT'S CERTIFICATION AND AGREEMENT

(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 to give the Berrien 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 Berrien 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 the Berrien 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 Berrien County Road Commission or myself. I understand that no manager or other representative of the Berrien County Road Commission, other than The Engineer-Manager, 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 Engineer-Manager 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 Berrien County Road Commission of that need with 182 days after I knew or reasonable 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 Berrien County Road Commission has not accommodated me as required by law.

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6. Criminal Records Check. I agree to execute an authorization for the Berrien County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Berrien County Road Commission determine it is necessary to do so.

7. Release of Medical Information. I authorize every medical doctor, physician or other healthcare provider to provide any and all the 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 which 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 health care 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 Berrien County Road Commission or its designated agent(s) to withdraw specimen(s) 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 Berrien County Road Commission.

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

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

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

12. Credit Report. I understand that the Berrien County Road Commission or its agents may make an investigative inquiry whereby 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 Berrien 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.

I HAVE READ AND UNDERSTAND ITEMS #1 THROUGH #15 ABOVE, AND ACKNOWLEDGE THAT WITH MY SIGNATURE BELOW THAT I AGREE TO ALL THE CONDITIONS AND STATEMENTS CONTAINED THEREIN.

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.

DATE

X _____
APPLICANT'S SIGNATURE