

EMPLOYMENT APPLICATION
OTTAWA COUNTY ROAD COMMISSION
 14110 Lakeshore, Grand Haven, MI 49417
 Phone: 616-842-5400
 Equal Opportunity Employer

Ottawa County Road Commission (OCRC) position applied for _____

Have you been previously employed by the OCRC? _____ If yes, when and what position _____

Applicant:

Name _____ Phone Number: (____) _____

Address _____ Alternate Phone Number: (____) _____

City/State/Zip _____ Are you 18 years of age or older? _____

Michigan Drivers License# _____

Please list any other name(s) you have used in connection with employment, education, U. S. Military Service, or in connection with any criminal conviction or pending felony charge. _____

Have you ever been convicted of a crime or are you presently charged with a felony? _____ If so, where, when and explain the circumstances, listing each separate offense and giving the date, name and location of the court, the penalty imposed, if any, and other disposition of the case. _____

Have you received a disciplinary suspension within the last four years? _____ If yes, explain: _____

EDUCATION/COURSE OF STUDY

Type of School	Name/Location of School	Graduate Yes/No	Degree or Course of Study
High School			
College/University			
Other			

Describe courses taken, licenses or certifications obtained, that may be particularly useful to the position for which you are applying: _____

EMPLOYMENT HISTORY

Notice to Applicant: You are hereby informed that the employment information provided below may be used, and your prior employers may be contacted for the purpose of investigating your background. Please list your employment history starting with the most recent.

Employer: _____ Job Position: _____

Address: _____ Supervisor: _____

Phone Number: _____ Employed from _____ to _____ Salary: _____

Reason for Leaving: _____

Specific Duties: _____

Were you discharged or did you resign in lieu of discharge? _____ If yes, explain _____

Employer: _____ Job Position: _____
Address: _____ Supervisor: _____
Phone Number: _____ Employed from _____ to _____ Salary: _____
Reason for Leaving: _____
Specific Duties: _____
Were you discharged or did you resign in lieu of discharge? _____ If yes, explain _____

Employer: _____ Job Position: _____
Address: _____ Supervisor: _____
Phone Number: _____ Employed from _____ to _____ Salary: _____
Reason for Leaving: _____
Specific Duties: _____
Were you discharged or did you resign in lieu of discharge? _____ If yes, explain _____

Resume, references, and/or additional employment history can be attached.

List any friends or relatives working for the Ottawa County Road Commission:

Name _____	Relationship _____
Name _____	Relationship _____

Certification:

By signing this application, I certify 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. I understand and agree that any misrepresentation of information may be sufficient cause for rejection of this application, or if employment has commenced, grounds for immediate dismissal.

I understand and agree that Ottawa County Road Commission may make a full and complete investigation of my personal and/or employment history. I authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Commission with any information they may have regarding me. In consideration of the Commission's review of this application, I release the Commission and all providers of any information from any liability that may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by the Commission.

I understand and agree that I may be required to undergo a post-offer physical examination permitted by law and I agree to disclose completely all information lawfully requested at such examinations, and that I will cooperate in such lawful medical tests (drug screening and/or alcohol test). I waive and release and promise not to make any claims against the Commission (or any testing agency retained by the Commission) or from lawful decisions made regarding my employment or termination of my employment based upon the results of such testing or analysis.

I specifically authorize release of any records of prior criminal convictions and/or pending felony charges, and motor vehicle records and I hereby release Ottawa County Road Commission from any and all actions and claims which may be sustained by me from the release and use of the information. I agree that I will not commence any action or suit relating to my employment with the Commission (or termination of the employment) more than six (6) months after the termination of my employment, and I agree to waive any statute of limitations to the contrary. I understand that this means that even if the law would give me a right to wait a longer time to make a claim, I am waiving that right and that any claims not brought within six (6) months after my employment ends will be barred.

Applicant Signature: _____ Date: _____

Applications will remain on file for six (6) months. Future employment opportunities will require a new employment application