

**Kalkaska County Road Commission**  
**EMPLOYMENT APPLICATION**  
*Equal Opportunity Employer*

APPLICATION IS REQUIRED, resumes are encouraged, but are not a substitute for the application. Submit application to KCRC, 1049 Island Lake Road, Kalkaska, MI 49646.

**POSITION FOR WHICH YOU ARE APPLYING**

Job Title: \_\_\_\_\_

Are you or have you ever been a County or Road Commission Employee? \_\_\_\_\_

If Yes, Position Held: \_\_\_\_\_

*If you have a disability, as defined by the Michigan Persons with Disabilities Civil Rights Act, and require assistance to complete this application, a reasonable accommodation may be provided.*

**PERSONAL INFORMATION**

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Have you ever been dismissed from employment or resigned your employment in lieu of dismissal?  Yes  No

If Yes, when and please explain: \_\_\_\_\_

NAME/LOCATION OF HIGH SCHOOL: \_\_\_\_\_ DIPLOMA:  Yes  No Other (Specify) \_\_\_\_\_

**COLLEGE, UNIVERSITY, TRADE SCHOOL OR SPECIAL TRAINING: (TRANSCRIPTS ARE REQUIRED)**

NAME OF SCHOOL	LOCATION	CREDIT HOURS EARNED QTR/SEM (circle one)	COURSE OF STUDY	DEGREE OR CERTIFICATE RECEIVED
		QTR/SEM (circle one)		
		QTR/SEM (circle one)		
		QTR/SEM (circle one)		
		QTR/SEM (circle one)		
TRADE SCHOOL OR SPECIAL TRAINING				
TRADE SCHOOL OR SPECIAL TRAINING				

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

LICENSURE OR REGISTRATION Examples: CDL, PE, CPA, ETC.

LICENSURE OR REGISTRATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

VETERAN: Are you a veteran, surviving spouse or a spouse of a disabled veteran who has been discharged within the last five years?  Yes  No

CITIZENSHIP: Are you a U.S. Citizen?  Yes  No If No, are you eligible to work in the U.S. without sponsorship?  Yes  No

**PERIODS OF EMPLOYMENT**

Describe your work experience in detail, beginning with your current or most recent job. Include job related volunteer work, if applicable, and indicated number of employees supervised. Use a separate block to describe each position each position. If needed, attached additional sheets, using the same format as the application. Resumes may be attached to provide additional information.

1. Name of Present or Last Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 FROM:            /        /        TO:            /        /        HOURS PER WEEK: \_\_\_\_\_ ( \_\_\_\_\_ )  
                     MONTH DAY YEAR                      MONTH DAY YEAR                      YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

2. Name of Present or Last Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 FROM:            /        /        TO:            /        /        HOURS PER WEEK: \_\_\_\_\_ ( \_\_\_\_\_ )  
                     MONTH DAY YEAR                      MONTH DAY YEAR                      YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

3. Name of Present or Last Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 FROM:            /        /        TO:            /        /        HOURS PER WEEK: \_\_\_\_\_ ( \_\_\_\_\_ )  
                     MONTH DAY YEAR                      MONTH DAY YEAR                      YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION**

I certify that all information contained in this application is true, and made in good faith. I agree and understand any falsifications, omissions, misstatements, or misrepresentations above will result in my forfeiting any rights of consideration for employment with Kalkaska County Road Commission or, if hired, could lead to my dismissal. Under the Michigan Persons with Disabilities Civil Rights Act, a person with a disability may allege a violation of the Act regarding the failure to accommodate only if the person with a disability notifies the employer in writing of the need for accommodation within 182 days after the date the person with a disability knew or reasonably should have known an accommodation was needed. This does not preclude my rights under federal law which establishes a 300 day statute of limitation.

By submission of this application, I am authorizing Kalkaska County Road Commission to conduct a criminal history and background check, contact past employers regarding references and to check my motor vehicle operator license record as part of the pre-employment process.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_