

APPLICATION FOR EMPLOYMENT
For
MIDLAND COUNTY ROAD COMMISSION
an Equal Opportunity Employer

Position Applied For: _____ **Date of Application:** _____

NAME (Last) _____ (First) _____ (Middle) _____ Social Security Number _____

ADDRESS (Street) _____ (City) _____ (State) _____ (Zip) _____

HOME PHONE _____ MESSAGE PHONE _____ CDL? Yes _____ No _____ If yes, type _____

Have you refused or failed a pre-employment urine drug screen administered by another prospective employer within the past two-years? Yes _____ No _____

Eighteen years or older? Yes _____ No _____ If student, 16 years or older? Yes _____ No _____

EDUCATION

1 2 3 4 5 6 7 8 9 10 11 12 _____ 1 2 3 4 5 6 7 _____
Highest grade completed (Circle appropriate grade or year) College (Circle appropriate grade or year)

Special Training _____

Special Skills (Including machinery operation) _____

Name of School/training programs or where completed _____

PREVIOUS WORK EXPERIENCE List below, beginning with most recent

Employer name _____

Address _____ City _____ State _____ Zip _____

Nature of business _____ Employed from _____ to _____

Type or work _____

Beginning pay rate _____ per _____ Ending pay rate _____ per _____

Reason for leaving _____

* * * * *

(over)

PREVIOUS WORK EXPERIENCE (Con't.)

Employer name _____

Address _____ City _____ State _____ Zip _____

Nature of business _____ Employed from _____ to _____

Type or work _____

Beginning pay rate _____ per _____ Ending pay rate _____ per _____

Reason for leaving _____
* * * * *

Employer name _____

Address _____ City _____ State _____ Zip _____

Nature of business _____ Employed from _____ to _____

Type or work _____

Beginning pay rate _____ per _____ Ending pay rate _____ per _____

Reason for leaving _____
* * * * *

Employer name _____

Address _____ City _____ State _____ Zip _____

Nature of business _____ Employed from _____ to _____

Type or work _____

Beginning pay rate _____ per _____ Ending pay rate _____ per _____

Reason for leaving _____

Military Service Record

Branch of military service _____ Grade/rank _____
(Army, Navy, National Guard, etc.)

Date from _____ to _____ Date obligation ends _____

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I certify that the entries on this application are accurate and complete.

SIGNATURE

DATE