

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

**Position Applied For:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

NAME (Last) (First) (Middle)

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

Do you have a drivers license? Yes \_\_\_ No \_\_\_

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 \_\_\_ Are you authorized to work in the US? Yes \_\_\_ No \_\_\_

**EDUCATION**

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

1 2 3 4 5 6 7 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 \_\_\_\_\_

=====

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

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**