

# APPLICATION FOR EMPLOYMENT

Southern Clinton County Municipal Utilities Authority

3671 W Herbison Rd, DeWitt MI 48820

This Authority is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category. YOU MUST ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION (YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT), OR IF NOT DISCOVERED UNTIL A LATER DATE, MAY RESULT IN DISCIPLINE OR DISCHARGE FROM EMPLOYMENT.

Position Applied For:  Date of Application:

Date You Can Start:  Please note that this application will only remain active for three months, after which the applicant will need to re-apply.

Name:    SSN  DOB   
Last, First, Middle

Address:   
Street City State Zip

Prior 3 Year Address:

Prior 3 Year Address:

Home Phone:  Cell Phone:  Email:

Are you under 18 years of age? ( If yes, attach work permit)   Full Time  Part Time Salary Desired:

Are there any hours or days of the week you cannot work?  If so, when?

Are you currently working?  Are you on layoff?  If yes, are you subject to recall?

Are you a relative to any SCCMUA Board member or employee?  If yes, Name and relationship:

Have you ever been employed by SCCMUA?

If Yes, position & dates of employment:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?   
(Proof of citizenship or immigration status may be requested upon employment)

Have you ever been fired? If yes, give date, where you worked, and explanation:

Have you ever been convicted of a felony?  NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

If yes, state citation, date & place of offense:

Are you capable of performing with or without reasonable accommodation (special assistance, equipment, or other help), the activities involved in the job or occupation for which you have applied?

## Education:

	Name of School	Did you Graduate?	If no, number of credit hours	Subject/Major
High School				
College				
Vocational/Technical				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position you are applying for:

List professional trade, business group memberships, offices held, and volunteer work. You may exclude groups that would reveal race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class.:

## MILITARY SERVICE RECORD Note: a dishonorable discharge from the military will not necessarily be a bar to employment.

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard that is directly related to the position that you are applying for?

If yes, what branch?

Rank at Discharge

Date of Discharge

Were you discharged other than honorably?

## REFERENCES: Three individuals not related to you, whom you have known for at least one year:

Name	Address and Telephone	Relationship	Years acquainted

**Please list all previous employment: (Most recent one first) Use a separate sheet if necessary. This section must be filled out even if you provide a resume. All applicants must provide the following information on all employers during the preceding 10 years. You must also provide information on any gaps in employment during that time period.**

Employer Name	<input type="text"/>	Employed from	<input type="text"/>	To	<input type="text"/>
Employer Address	<input type="text"/>	Position Held	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Contact Person	<input type="text"/>				
Contact Phone Number	<input type="text"/>				
Were you subject to the FMCRs <sup>^</sup> while employed?	<input type="radio"/> Yes <input type="radio"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="radio"/> No				

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<sup>^</sup>The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD** for past 3 years or more (attach sheet if more space is required). If none, write **NONE**.

	Dates	Nature of Accident	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

**TRAFFIC CONVICTIONS** and forfeitures for the past 3 years (other than parking violations). If none, write **NONE**.

Location	Date	Charge	Penalty

Attach sheet if more space is required.

**Drivers License** - list all driver licenses or permits held in the past 3 years.

State	License Number	Type	Expiration Date

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

Has any license, permit, or privilege ever been suspended or revoked?  Yes  No

If the answer to either question is yes, give details.

**DRIVING EXPERIENCE**

Class of Equipment	Yes	No	Equipment Type	Date From	Date To	Approx # miles
Straight Truck			<input type="text"/>			
Tractor & Semi Trailer			<input type="text"/>			
Tractor - Two Trailer			<input type="text"/>			
Tractor - Three Trailer			<input type="text"/>			
Motor coach - School Bus						
Motor Coach - School Bus						
Other						

**WAIVERS, ACKNOWLEDGMENTS, AND CERTIFICATIONS**

**Please read carefully before signing**

1. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have, including disclosure of any disciplinary reports (even if more than four years old), and release all parties from any liability for any damages that may result from furnishing same to you. I further authorize you to release such information when such information may be requested by any prospective or subsequent employers without the need to provide me any notice of such disclosure.

2. I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by SCCMUA management that have been reduced to writing, and have been executed by both the employee and an authorized representative of SCCMUA. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should SCCMUA hire me.

3. If hired, I understand that my employment is at-will (just cause for union employees,) and can be terminated at any time, with or without notice, for any reason at the option of either SCCMUA or me. Should SCCMUA hire me, I agree to observe all of SCCMUA's policies, practices, and procedures currently in existence and new and revised ones that may be issued in the future.

4. I understand that any employment offer is conditional upon the result of the drug screening test, post offer pre-employment medical examination, and background investigation (when applicable based on the position sought).

5. I understand that if I have a physical, mental, or other impairment that would interfere with my ability to perform in a position but that may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters, or the restructuring, or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires me to notify the Employer's Human Resources Department in writing of need for accommodation within 182 days after I knew or should reasonably have known that the accommodation was needed.

6. I agree that any lawsuit against SCCMUA arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary.

7. 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 HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF EACH OF THE ABOVE SEVEN (7) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

Signature:

Date

\*Employers specifically excepted: