

EDUCATION AND TRAINING CONNECTION COUNTY CONNECTION OF MIDLAND



CONNECTION APPLICATION FOR AT-WILL EMPLOYMENT

(PLEASE PRINT PLAINLY)

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin. Public Law 90-202 prohibits discrimination because of age. The laws of some states prohibit some or all of the above mentioned types of discrimination.

PERSONAL	RSONAL		Date	
Name			Social Security No	
Last	First	Middle In.	-	
Present Address				
	lumber	Street		
			_ Telephone No. (
City	State	Zip Code	Area	
EMPLOYMENT Positions(s) applied for	or 1		Rate of pay expected \$ _ Rate of pay expected \$	per per
Do you want to work	Full-time?	Part-time?		
Have you worked for	us before?If ye	s, when?		
work with the Comp	-	lls, or qualification	s that you feel would espec	ially fit you for

PHYSICAL RECORD Can you perform the essential functions of the job for which you are applying? _ Employers must make accommodations to disabled applicants and employees where the accommodations do not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the Company in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the Company may preclude any claim that the employer failed to accommodate the disabled individual. REFERENCES (Three individuals not related to you, whom you have known for at least 1 year) Name and Occupation Address Phone MILITARY SERVICE RECORD Have you ever served in the armed forces? ayes [2No If yes, what branch? ______ Date of duty: From To. Rank at discharge _____ Month Day Year Month Day Year **EDUCATION RECORD** Did You List Diploma or Course of Study Name of School School Graduate? Degree With Dates of Attendance Yes High No Yes College(s) No

Please list any current certifications and/or endorsements you possess:

Yes

No

Name of School

Other

(Specify)

3) Ha	ive yo	u lived in any state	es other thar	n Michigan? C] Yes	sÛ No If y	es, please list	
ad tra ye 5) Ar	minis anspo ars? e you	tered by an emplo rtation work cover Yes [2 No (safet	yer to which ed by DOT a y sensitive po teach in a co	you applied but on gency drug & alconsitions only)	did not ob hol testin	yment drug or alcohol tain, safety-sensitive g rules during the past 2 No (education staff) I	two
		WORK HISTORY	_	most recent em	olover fir	ct)	
Da From	tes	Name and Address Of Employer		Pay Supervisor's and Title		Reason for Leaving	
Last	oositic	 on held/responsibilit	ies				-
Da From	ates To	Name and Of Employer	Rate of I Start Finish	Pay Supervisor's and Title	Name	Reason for Leaving	
Last	positi	on held/responsibi	lities:				
Da From	tes To	Name and Address Of Employer	Rate of Pay Start Finish	Supervisor's and Title	Name	Reason for Leaving	_

TO THE APPLICANT: PLEASE ANSWER THE FOLLOWING QUESTIONS.

If yes, please state citation, date, place where offense occurred

2) Have you ever been convicted of a crime? [2 Yes NO

C] Yes [2 No

1) Are you 18 years or older?

Last posit	ion held/responsib	ilities:				
Dates From To	Name and Address Of Employer	Rate of Pay Start FiniSh	Supervisor's Name and Title	Reason for Leaving		
Last posit	ion held/responsib	ilities				
May we co	ontact the employe	rs listed above	? If not, indicate which or	ne(s) you do not wish to		
	Person to	o be Notified in	Case of Accident or Eme	,		
Name			——— Phone Number			
Address			Alt. Phone Nun	nber		
ado po:	equately summarize	their complete r company, use	on blank makes it difficul- background. To assist us the space below to sumi full qualifications.	in finding the proper		
_						
us.	We would like to as	sure you that yo	on form and for your inter our opportunity for employ on no other consideration.	ment with this company		
Lis	t previous last nam	es				
	List previous last names					

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

AGREEMENTS:

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the

Company prior to the administration of the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

"I agree that any action or suit against the Company, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State, but not Federal, civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the Company, in which the Company prevails, I will pay to the Company any and all such costs incurred by the Company in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post offer physical are known."

STATEMENT BY APPLICANT: I hereby authorize my former employers to furnish their records of any service, my reason for leaving their employ, together with all information they may have concerning me, whether on record or not. also release them and their company, from any liability for any damage whatsoever for issuing same.

I hereby certify the facts set forth in the above employment application are true and complete to the best of my knowledge. It is agreed that any misrepresentations by me, in this application, will be sufficient cause for its cancellation or for dismissal from the Company if I am employed.

DATESIGNATU ————	RE	OIOIWAI OIAL _		
4/26/2012 COUNTY CONN	ECTION OF MIL	DLAND APPLICA	TION A	DDENDUM FOR DRIVERS
Do you have a valid Date:	•	icense? Yes No If y	es, state	e your license number: Expiratio
Do you have a valid Control of the C		License (CDL)?		
CDL Group: A CDL Endorsement(s)'		Cl c		
License Type(s): How many moving vio	Chauffeur plation points do yo	C] Operator ou currently have ag	gainst yo	ur driver's license?
Do you currently have you may drive a vehic	-	on your driver's lice	nse rega	rding when and for what purpos
If yes, please explain				
Has your driver's licer	nse ever been suspe	ended or revoked?	Yes	Cl No If yes, why?

Vehicle	ollowing types of vehicles? Dates: From — To	For Whom?
Para-Transit School Bus Truck C] Wrecker		Van
Cl Private Carrier Bus Have you operated a vehicle us Yes No		ons and/or senior citizens?
	ecialized training for this wor	k? C] Yes No Briefly describe the

Do you have experience operating a hydraulic lift on a transit vehicle? C] Yes No Have you received any passenger sensitivity training?

5/19/15

COUNTY CONNECTION of MIDLAND

Notification of Company Drug Testing, Anti-Drug Program and Alcohol Misuse Prevention Programs

Prospective Employee's Name ----

The position you are applying for at County Connection of Midland is covered under the Drug Testing and Alcohol Misuse Prevention Programs in accordance with CFR Part 655.

All employees in safety-sensitive positions are subject to the following types of testing:

Anti-Drug Program

- Pre-employment testing
- Random Testing
- Post-Accident Testing
- Reasonable Cause Testing
- •Return to Duty Testing
- Follow-Up Testing

You will be tested for the following drugs under the Anti-Drug Program:

- 1 Marijuana
- 2 Cocaine

3	Opiates
4	Phencyclidine (PCP)

5 **Amphetamines**

- Random
- **Post- Accident Testing**
- Reasonable Suspicion Testing
 - **Return to Duty Testing**
 - Follow-Up Testing

Certification of Previous Testing

To be completed by prospective employee:

1 . Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety-sensitive transportation work covered by DOT drug and alcohol testing rules during the past two years?

	res a no u	
2. 1	f you answered yes, can you provide proof that you successfully complete	d the DOT return-to-duty requirements?
	Yes a No a	
	Prospective Employee's Signature:	Date:
	Witnessed By:	Date•

LAW ENFORCEMENT INVESTIGATION RELEASE FORM

I,First Full Name	Middle Full Name	Last Name	AKA/Maiden
Criminal Justice Informa	tion Center of the Michiq	gan State Police fo	nnection of Midland to submit my name to the FBI and State search. Violations or This information will be kept confidential.
Applicant Signature	Birt	hdate	
I,applicant has either no relicense.			ning Connection, verify the above mentioned ify that this subject has a valid operator's