



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

Date _____

Name _____
Last First Middle In.

Social Security No. _____

Present Address

_____ Number Street

_____ City State Zip Code Telephone No. () Area _____

EMPLOYMENT DESIRED

Positions(s) applied for 1. _____ Rate of pay expected \$ _____ per _____
2. _____ Rate of pay expected \$ _____ per _____

Do you want to work Full-time? Part-time?

Have you worked for us before? If yes, when?

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills, or qualifications that you feel would especially fit you for work with the Company?

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

School	Name of School With Dates of Attendance	Course of Study	Did You Graduate?	List Diploma or Degree
High			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

 Name of School

Last position held/responsibilities:						
Dates From To		Name and Address Of Employer	Rate of Pay Start FiniSh		Supervisor's Name and Title	Reason for Leaving
Last position held/responsibilities						

May we contact the employers listed above? If not, indicate which one(s) you do not wish to contact.

Person to be Notified in Case of Accident or Emergency	
Name _____	Phone Number _____
Address _____	Alt. Phone Number _____

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize their complete background. To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company would be based only on your merit and on no other consideration.

List previous last names _____

Drivers License No. _____

**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

Have you operated any of the following types of vehicles?

- Vehicle _____ Dates: From — To _____ For Whom? _____
- Transit Bus _____
- Para-Transit _____ Van _____
- School Bus _____
- Truck _____
- C] Wrecker _____
- CI Private Carrier Bus _____

Have you operated a vehicle used to transport disabled persons and/or senior citizens?

Yes No

If yes, did you receive any specialized training for this work? C] Yes No Briefly describe the training you received.

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

Alcohol Misuse Prevention Program

- 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?

Yes No

2. If you answered yes, can you provide proof that you successfully completed the DOT return-to-duty requirements?

Yes No

Prospective Employee's Signature:

Date: _____

Witnessed By:

Date: _____

LAW ENFORCEMENT INVESTIGATION RELEASE FORM

I, _____

First Full Name

Middle Full Name

Last Name

AKA/Maiden

give permission to Education and Training Connection/County Connection of Midland to submit my name to the Criminal Justice Information Center of the Michigan State Police for FBI and State search. Violations or convictions other than minor violations will result in job rejection. This information will be kept confidential.

Applicant Signature

Birthdate

I, _____, of Education and Training Connection, verify the above mentioned applicant has either no records or only minor violations. I also verify that this subject has a valid operator's license.