

If the job requires, do you possess a valid drivers' license?

Yes No

If Yes, please provide:

DL# _____ State: _____

Do you have any friends or relatives working for the Monroe Co. Road Commission? Yes No

If yes, state name & relationship:

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and detail:

***Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature, date, surrounding circumstances and relevance of the offense to the position (s) applied for may, however be considered**

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information

Employer _____ Telephone # _____

Street Address _____ City _____ State _____ Zip Code _____

Starting job title/final job title _____

Immediate supervisor and title (for most recent position held) _____ May we contact for reference? Yes No Later

Why did you leave? _____

Summarize the type of work performed and job responsibilities. _____

Dates employed _____ Starting Compensation _____ Final Compensation _____

Employer _____ Telephone # _____

Street Address _____ City _____ State _____ Zip Code _____

Starting job title/final job title _____

Immediate supervisor and title (for most recent position held) _____ May we contact for reference? Yes No Later

Why did you leave? _____

Summarize the type of work performed and job responsibilities. _____

Dates employed _____ Starting Compensation _____ Final Compensation _____

Employer	Telephone #		
Street Address	City	State	Zip Code
Starting job title/final job title			
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Why did you leave?			
Summarize the type of work performed and job responsibilities.			

Dates employed	Starting Compensation	Final Compensation
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Employer	Telephone #		
Street Address	City	State	Zip Code
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Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Why did you leave?			
Summarize the type of work performed and job responsibilities.			

Dates employed	Starting Compensation	Final Compensation
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Explain any gaps in your employment, other than those due to personal illness, injury or disability _____

SKILLS AND QUALIFICATIONS

COMPUTER SKILLS:

Programs Used	Dates Used	Level of Proficiency

Use the space below to summarize other relevant experience, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

School	City & State	Years Completed	Courses of Study	Major/Minor

MILITARY BACKGROUND

Branch	Dates Served	Rank at Discharge	Duties	Were you dishonorably discharged? If so, explain.

BUSINESS REFERENCESList three business/work references that are *not* related to you and are *not* previous supervisors.

Name	Title	Relationship to You	Daytime Telephone	Years Known

List special accomplishments, publications, awards, etc. (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.)

Is there any other job-related information you want us to know about you?

THE MONROE COUNTY ROAD COMMISSION IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

APPLICANT'S CERTIFICATION AND STATEMENT

Certification of Truthfulness I certify that all information I have provided in order to apply for and secure work with the Monroe County Road Commission is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Authorization and Release of Information I authorize the references listed in the Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give the Monroe Co. Road Commission any and all information, or any other pertinent information, they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing any lawful information to the Monroe Co. Road Commission. I hereby waive written notice that employment information is being provided by any person or organization.

Employment at Will If I am hired, in consideration of my employment, I agree to abide by the rules and policies of the Monroe Co. Road Commission, including any change made from time to time, and agree that, subject to the provisions of any written agreement to the contrary, my employment and compensation can be terminated with or without cause, and with or without notice, at the option of either the Monroe County Road Commission or myself. I understand that no manager or other representative of the Monroe County Road Commission, other than the Managing Director, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the Managing Director must be made in writing.

Authorization to Work If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and control Act of 1986.

Release of Medical Information I authorize every medical doctor, physician or other healthcare providers to provide any and all information including but not limited to, all medical reports, laboratory reports, x-rays or clinical abstracts relating to my previous history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, officer, corporation association, organization or institute which shall comply with the authorization or request made in this respect from any all liability. I understand that this release will not be sent to my physician or other healthcare provider until a job offer has been made.

Protected Disability I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Monroe County Road Commission to attempt to make a reasonable accommodation for it. I must make my request in writing to the Human Resource department as soon a possible after the date I know that accommodation is needed.

Driving Record Check If applying for a position that requires driving a Monroe County Road commission vehicle, I authorize the Monroe County Road Commission and its agents the authority to make investigations and inquiries of my driving record.

Fringe Benefits In accepting employment with the Monroe County Road Commission, I agree to accept al fringe benefits when eligible as provided now or in the future. I understand that it is my responsibility to provide documentation for verification of eligibility for fringe benefits as well as information regarding mailing address, telephone numbers or contact arrangement, withholding exemptions and dependent information. The Monroe County Road Commission shall rely on the most recent information for all purposes.

Condition of Employment I also understand that if I am offered a position with the Monroe Co. Road Commission, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or determination of employment if already employed.

Consideration of Employment I understand that this application remains on file for one (1) year, and it is my responsibility to provide any updates or changes to this application to keep all information current.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____