

APPLICATION FOR EMPLOYMENT



2674 S. Huron Road, Kawkawlin, MI 48631
(989) 684-5121

R. Roese Contracting Co., Inc. is an **Equal Opportunity Employer** and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
<i>Current Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Telephone Number(s) including area code		
Last two (2) addresses within three (3) years	Street	City State Zip Code

If under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? if yes, give date: _____ Yes No

Have you ever been employed with us before? if yes, give date: _____ Yes No

Are you currently employed? Yes No

Rate of pay expected? _____

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status required upon employment* Yes No

When are you available for work? _____

Are you available to work: Full Time Part Time

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel and stay overnight? Within Michigan Only Nationwide I CANNOT TRAVEL

Have you been convicted of a felony within the last seven (7) years? Yes No
Conviction will not necessarily disqualify an applicant from employment

If YES, please explain _____

Are you able to perform the essential functions of the job for which you are applying with or without accommodation? YES No

EDUCATION / MILITARY STATUS

Are you in the U.S. Military? (if yes, list branch) _____

YES No

Are you presently in the Guard/Reserves? _____

YES No

	High school				Undergraduate - College/University Name:				Graduate/Professional University/College Name:			
Years Completed (circle one)	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree												
Describe any specialized training, apprenticeship, skills and professional extra-curricular activities												
Describe honors you received												

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

Indicate any foreign languages you can speak, read and /write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

REFERENCES

List name, address, and telephone number of three (3) references not related to you and not previous employers.

1. _____
2. _____
3. _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired;

Do you have experience with Heavy Equipment? Yes No If Yes, list type of equipment _____

EMPLOYMENT RECORD

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. The U.S. Department of Transportation and Company Policy requires applications show all employment for the past three (3) years and, if subject to **Federal Motor Carrier Safety Regulations (FMCSRs)**, back another seven (7) years preceding date of this application (excludes administrative positions.)

Current/Last Employer: _____ **Hired** ___/___/___ **Left** ___/___/___

Address _____ City _____ St _____ Zip _____ Phone: (____) _____

Position Held _____ Wage _____ Reason for Leaving? _____ Supervisor: _____

Were you subject to FMCSRs while employed by this employer? Yes No States operated Commercial Motor Vehicle _____

Was this job considered a Safety Sensitive Function as defined by the Department of Transportation and therefore subject to alcohol & controlled substances requirements of 49 CFR part 40? YES NO

Employer: _____ **Hired** ___/___/___ **Left** ___/___/___

Address _____ City _____ St _____ Zip _____ Phone: (____) _____

Position Held _____ Wage _____ Reason for Leaving? _____ Supervisor: _____

Were you subject to FMCSRs while employed by this employer? Yes No States operated Commercial Motor Vehicle _____

Was this job considered a Safety Sensitive Function as defined by the Department of Transportation and therefore subject to alcohol & controlled substances requirements of 49 CFR part 40? YES NO

Employer: _____ **Hired** ___/___/___ **Left** ___/___/___

Address _____ City _____ St _____ Zip _____ Phone: (____) _____

Position Held _____ Wage _____ Reason for Leaving? _____ Supervisor: _____

Were you subject to FMCSRs while employed by this employer? Yes No States operated Commercial Motor Vehicle _____

Was this job considered a Safety Sensitive Function as defined by the Department of Transportation and therefore subject to alcohol & controlled substances requirements of 49 CFR part 40? YES NO

IF YOU NEED ADDITIONAL SPACE CONTINUE ON BACK

DRIVING EXPERIENCE & QUALIFICATION

(ALL APPLICANTS MUST COMPLETE THIS SECTION, EXCLUDING ADMINISTRATIVE)

Only complete this section if applying for a field position (i.e. Laborer, Operator, Foreman, and Supervisor).
The U.S. Department of Transportation requires that driver applicants state their date of birth and Social Security Number (391.21(b)(2))

Date of Birth: ___/___/___ **Social Security Number** _____

Do you have a **VALID** Drivers License? Yes No

What type of license?

Operators/Regular Chauffeur Commercial Drivers License (CDL)

If CDL list class _____ Medical Card Expiration Date: _____

EMPLOYMENT RECORD (continued)

Employer: _____ **Hired** ___/___/___ **Left** ___/___/___
Address _____ City _____ St _____ Zip _____ Phone: (____) _____
Position Held _____ Wage _____ Reason for Leaving? _____ Supervisor: _____
Were you subject to FMCSRs while employed by this employer? Yes No States operated Commercial Motor Vehicle _____
Was this job considered a Safety Sensitive Function as defined by the Department of Transportation and therefore subject to alcohol & controlled substances requirements of 49 CFR part 40? YES NO

Employer: _____ **Hired** ___/___/___ **Left** ___/___/___
Address _____ City _____ St _____ Zip _____ Phone: (____) _____
Position Held _____ Wage _____ Reason for Leaving? _____ Supervisor: _____
Were you subject to FMCSRs while employed by this employer? Yes No States operated Commercial Motor Vehicle _____
Was this job considered a Safety Sensitive Function as defined by the Department of Transportation and therefore subject to alcohol & controlled substances requirements of 49 CFR part 40? YES NO

Employer: _____ **Hired** ___/___/___ **Left** ___/___/___
Address _____ City _____ St _____ Zip _____ Phone: (____) _____
Position Held _____ Wage _____ Reason for Leaving? _____ Supervisor: _____
Were you subject to FMCSRs while employed by this employer? Yes No States operated Commercial Motor Vehicle _____
Was this job considered a Safety Sensitive Function as defined by the Department of Transportation and therefore subject to alcohol & controlled substances requirements of 49 CFR part 40? YES NO

Employer: _____ **Hired** ___/___/___ **Left** ___/___/___
Address _____ City _____ St _____ Zip _____ Phone: (____) _____
Position Held _____ Wage _____ Reason for Leaving? _____ Supervisor: _____
Were you subject to FMCSRs while employed by this employer? Yes No States operated Commercial Motor Vehicle _____
Was this job considered a Safety Sensitive Function as defined by the Department of Transportation and therefore subject to alcohol & controlled substances requirements of 49 CFR part 40? YES NO

Employer: _____ **Hired** ___/___/___ **Left** ___/___/___
Address _____ City _____ St _____ Zip _____ Phone: (____) _____
Position Held _____ Wage _____ Reason for Leaving? _____ Supervisor: _____
Were you subject to FMCSRs while employed by this employer? Yes No States operated Commercial Motor Vehicle _____
Was this job considered a Safety Sensitive Function as defined by the Department of Transportation and therefore subject to alcohol & controlled substances requirements of 49 CFR part 40? YES NO

DRIVER EXPERIENCE & QUALIFICATION (continued) (Administrative Applicant; skip section)

List Drivers Licenses held in past three (3) years MUST be shown:

<u>STATE</u>	<u>LICENSE/PERMIT #</u>	<u>CLASS</u>	<u>ENDORSEMENT(S)</u>	<u>EXPIRATION DATE</u>

List all violations of motor vehicle laws or ordinances (other than parking) of which applicant was convicted or forfeited bond or collateral during the three (3) years preceding date application submitted:

<u>DATES</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>PENALTY</u>

Have you ever been disqualified under Federal Motor Carrier Safety Regulations guidelines? Yes No

Have you ever been convicted or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof? Yes No

Have you ever 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 agency drug and alcohol testing rules during the past three years? Yes No

Has any license, permit, or privilege to operate a motor vehicle issued to you ever been
DENIED? REVOKED? SUSPENDED? Yes No

If "YES" to any of the above, list dates and circumstances: _____

List DRIVING EXPERIENCE:

Truck Driving School:	Graduation Date:
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Class/Type of Equipment (buses, trucks, truck tractors, semi trailers, full trailers, pole trailers)	Dates:		Approx Total Experience	Approx Total # Miles Driven
	From	To		
		to	Years: Months:	
		to	Years: Months:	
		to	Years: Months:	

List all Motor Vehicle Accidents applicant involved in for three (3) years preceding date application submitted:

<u>Dates</u>	<u>Nature of Accident (head-on, rear-end, upset, etc.)</u>	<u># Fatalities</u>	<u># Injuries</u>
Last Accident:			
Next Previous:			
Next Previous:			

APPLICANT'S STATEMENT / NOTICES

CERTIFICATION includes all additional sheets. Were additional sheets used for application? Yes No

I hereby authorize **RROESE CONTRACTING CO., INC.** to do a complete background investigation which may include, but is not limited to, any information relating to past work experience, alcohol or drug test results or motor vehicle record or any information which may reflect upon my potential for employment. I authorize my previous employers to release any information in accordance with state and federal laws. I hereby release all such persons from any liability or damages.

I hereby acknowledge that any employment relationship with **R.ROESE CONTRACTING CO., INC.** is of an **"at will"** nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this **"at will"** employment relationship may not be changed by any written document of or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In case of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of **R.ROESE CONTRACTING CO., INC.**

I understand the information provided in this application, including but not limited to the information required by 49 CFR 391.21(b)(10)(11) may be used, and previous employer(s) will be contacted, for the purpose of investigating your safety performance history as required by Company Policy and 49 CFR 391.23(d)(e) and 49 CFR 40.25 (re drug and alcohol information)

EQUAL OPPORTUNITY EMPLOYER: In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

I understand that if I have a protected handicap that affects my ability to perform the position, I may ask R.ROESE CONTRACTING CO., INC. to attempt to make accommodation as required by law. I must make my request in writing to the Company as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

As the prospective employer, R.ROESE CONTRACTING CO., INC. hereby notifies you that you have the following rights regarding the investigative information that will be provided to us pursuant to Company Policy and 49 CFR 391.23(d)(e):

- 1) The right to review information provided by previous employers;
- 2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to R.ROESE CONTRACTING CO., INC.;
- 3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

I understand that as required by Company Policy and the Federal Motor Carrier Safety Regulations, Title 49, all prospective applicants must submit to a CONTROLLED SUBSTANCE test. A urine sample will be collected and tested for controlled substances. I understand that POSITIVE results, refusal to be tested, or any attempt to affect the test results or test sample will result in withdrawal of my application, withdrawal of any provisional employment offer I have received from R.ROESE Contracting Co., Inc. or termination of employment, depending when results received. The results of the drug test will be maintained by a Medical Review Officer (MRO) for the company who reports whether the test results were negative or positive, and if positive, the identity of the controlled substance for which the test was positive. The results will not be released to any additional parties without my written authorizations.

This certifies this application was completed by me, and that all entries on it and information in it are true and complete to the best of knowledge.

X SIGNATURE OF APPLICANT _____ DATE _____

**Mail completed applications to:
R.ROESE CONTRACTING CO., INC.**

H.R. Manager
P.O. Box 158
Kawkawlin, MI 48631
Secure Fax: (989) 686-4724