

**APPLICATION FOR EMPLOYMENT**  
For  
**MIDLAND COUNTY ROAD COMMISSION**  
an Equal Opportunity Employer

**Position Applied For:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

NAME (Last) (First) (Middle)

ADDRESS (Street) (City) (State) (Zip)

Do you have a drivers license? Yes\_\_\_ No\_\_\_

HOME PHONE MESSAGE PHONE CDL? Yes\_\_\_ No\_\_\_ If yes, type \_\_\_\_\_

Have you refused or failed a pre-employment urine drug screen administered by another prospective employer within the past two-years? Yes \_\_\_ No \_\_\_

Eighteen years or older? Yes\_\_\_ No \_\_\_ Are you authorized to work in the US? Yes\_\_\_ No\_\_\_

**EDUCATION**

Highest K-12 grade completed College

Special Training

Special Skills (Including machinery operation)

Name of School/training programs or where completed

**PREVIOUS WORK EXPERIENCE List below, beginning with most recent**

Employer name

Address City State Zip

Nature of business Employed from to

Type or work

Beginning pay rate per Ending pay rate per

Reason for leaving

\* \* \* \* \*

(over)

## PREVIOUS WORK EXPERIENCE (Con't.)

Employer name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type or work \_\_\_\_\_

Beginning pay rate \_\_\_\_\_ per \_\_\_\_\_ Ending pay rate \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\* \* \* \* \*

Employer name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type or work \_\_\_\_\_

Beginning pay rate \_\_\_\_\_ per \_\_\_\_\_ Ending pay rate \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\* \* \* \* \*

Employer name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nature of business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type or work \_\_\_\_\_

Beginning pay rate \_\_\_\_\_ per \_\_\_\_\_ Ending pay rate \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## Military Service Record

Branch of military service \_\_\_\_\_ Grade/rank \_\_\_\_\_  
(Army, Navy, National Guard, etc.)

Date from \_\_\_\_\_ to \_\_\_\_\_ Date obligation ends \_\_\_\_\_

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*I certify that the entries on this application are accurate and complete.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE