Application For CDL Position Employment

PLEASE PRINT IN INK OR TYPE

Marinette County
Human Resources
1926 Hall Avenue
Marinette, WI 54143-1717

Marinette County is an equal opportunity employer. All hiring, promotion practices and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of age, race, creed, political or religious affiliation, color, disability, marital status, gender, sexual orientation, national origin, ancestry, arrest record or conviction record.

Please print in ink. Answer all questions completely. Incomplete applications may be rejected. Any application submitted after the deadline will not be considered. A separate application is needed for each position applied for.

POSITION APPLYING FOR: _____ DATE: ____/____/____

PERSONAL

Last Name First Middle Initial		Former/Maiden Name(s)
Street Address		Phone (include area code)
City, State, ZIP		Email Address
Date available to begin work: ____/_____/_____	Can you travel if the job requires? ☐ Yes ☐ No	Are you over 18? ☐ Yes ☐ No
SS Number: _____ - _____ - _____ Driver's License Number: _____ State _____ Do you hold a commercial driver's license? ☐ Yes ☐ No Type _____ Endorsements: _____	Are you legally eligible for employment in the United States? ☐ Yes ☐ No Are you fluent in languages besides English? ☐ Yes ☐ No If Yes, list language(s):	Have you ever been employed by Marinette County before? ☐ Yes ☐ No If yes, give date and former name: Expected Salary/Hourly Rate: $_____
Are you interested in: ☐ Full-time ☐ Part-time ☐ Seasonal ☐ Temporary	Are you available for: ☐ Shift work ☐ Weekend work ☐ Overtime	

High School Diploma/GED Date: ____/____/____ *Attach sheet if more space is needed*

Education Beyond High School:

Name of School _____

Field of Study _____ Dates of Attendance ____/____/____ - ____/____/____

Education Attained (check one; if unable to provide proof do not check)

___ Attendance Only ___ Technical Diploma/Degree ___ Bachelor's Degree
___ License/Certificate ___ Associate's Degree ___ Master's Degree

Name of School _____

Field of Study _____ Dates of Attendance ____/____/____ - ____/____/____

Education Attained (check one; if unable to provide proof do not check)

___ Attendance Only ___ Technical Diploma/Degree ___ Bachelor's Degree
___ License/Certificate ___ Associate's Degree ___ Master's Degree

Do you have a pending criminal charge against you and/or have you ever been convicted of a crime, either misdemeanor or felony?
☐ Yes ☐ No
If yes, please explain:

NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year) From To
	Rank at Discharge / Type Discharge
	Date of Final Discharge

Have you had a license from a different state within the last 5 years? **YES** **NO**
If yes, please list which state and previous driver's license number:
State: _____ Driver's License Number: _____

Have you had any Traffic Incidents, Violations or Forfeitures in the past five years? YES NO

If yes, please list below, attach sheet if more space is needed:

Date of Incident (month/year)	Incident/Violation Description	State Incident/Violation Took Place	Penalty (if any) (forfeited bond, collateral and/or points)

****If you are unsure of your driver record history, please verify with applicable DMV before submitting application.**

Accident record for the past five years (attach sheet if more space is needed)

Date	Nature of Accident (Head-on, rear-end, etc.)	Number of Fatalities	Number of Injuries	Chemical Spills? Yes or No

Please answer the following questions, check Yes or No:

Have you ever been convicted of operating a motor vehicle while under the influence of alcohol or a controlled substance or any charges pending, including reduction to a lesser charge? ___Yes ___No

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ___Yes ___No

Have you ever had a citation for leaving the scene of an accident? ___Yes ___No

Have you ever tested positive for drugs or alcohol following a pre-employment, random or reasonable-suspicion test? ___Yes ___No

Have you ever refused to take a pre-employment, random or reasonable-suspicion test? ___Yes ___No

Have you ever failed and/or refused a pre-employment drug test given by a company where you applied for, but did not obtain employment? ___Yes ___No

Provide the following for any of the above questions that were answered 'Yes'

Date: ____/____/____ City, County & State: _____

Explanation:

_____

_____

Date: ____/____/____ City, County & State: _____

Explanation:

_____

_____

OTHER SKILLS	List any additional skills **related to the job for which you are applying**.

Employment History

*Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Account for **ALL TIME** for the past five years. Indicate name used if different than name on this application. **DO NOT REFER US TO YOUR RESUME!** Resume and application are separated during selection and you will appear unqualified if you do not complete this section in its entirety.*

Are you presently employed? ☐Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Company Name	Company Telephone	Employed (month and year) From To
Company Address		Hourly Rate: Hours/Week:
Name of Your Supervisor	Your Job Title	Reason for Leaving:
Responsibilities		Was this position subject to Federal Motor Carrier Safety Regulations? **YES NO** Was this position designated as a 'safety sensitive position' subject to alcohol and controlled substances testing requirements as required? **YES NO**

Company Name	Company Telephone	Employed (month and year) From To
Company Address		Hourly Rate: Hours/Week:
Name of Your Supervisor	Your Job Title	Reason for Leaving:
Responsibilities		Was this position subject to Federal Motor Carrier Safety Regulations? **YES NO** Was this position designated as a 'safety sensitive position' subject to alcohol and controlled substances testing requirements as required? **YES NO**

Company Name	Company Telephone	Employed (month and year) From To
Company Address		Hourly Rate: Hours/Week:
Name of Your Supervisor	Your Job Title	Reason for Leaving:
Responsibilities		Was this position subject to Federal Motor Carrier Safety Regulations? **YES NO** Was this position designated as a 'safety sensitive position' subject to alcohol and controlled substances testing requirements as required? **YES NO**

Company Name	Company Telephone	Employed (month and year) From To
Company Address		Hourly Rate: Hours/Week:
Name of Your Supervisor	Your Job Title	Reason for Leaving:
Responsibilities		Was this position subject to Federal Motor Carrier Safety Regulations? **YES NO** Was this position designated as a 'safety sensitive position' subject to alcohol and controlled substances testing requirements as required? **YES NO**

AUTHORIZATION AND RELEASE

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I hereby authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the person, company, or former employer from all liability for any damage that may result from utilization of such information.

I hereby agree to submit to any lawful drug, or skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. As a condition of employment, I understand I am required to comply with Marinette County's drug-free workplace policy. I also understand that this application is not, and is not intended to be a contract for continued employment.

I understand this authorization and release is valid for three years from the date of my completing the application or throughout my employment, whichever is later.

Date ____/_____/____

PRINT Name _____

Signature _____

It is the policy of Marinette County not to discriminate against any employee or applicant for employment, nor does Marinette County tolerate harassment of any kind because of race, religion, color, national origin, sexual orientation, pregnancy, age or gender. This policy applies not only to employment, but also to promotion, demotion, transfer, recruitment, termination and other personal matters.

It is the policy of Marinette County to provide equal employment opportunities for all individuals, on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State Military Forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources Representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

_____ Initial — I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

_____ Initial — I understand that I will be required to successfully pass a drug test to gain employment or continue employment with Marinette County I consent freely and voluntarily to participate in required drug tests, at a location selected by Marinette County I hereby release and consent to the release of the test results to Marinette County I hereby release and hold harmless Marinette County, its officers, agents, and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and decisions concerning employment based upon the results of these test. If employed by Marinette County, I understand that I am required to comply with Marinette County's drug-free workplace policy and refusal to submit to such testing will result in disciplinary action, up to and including discharge.

_____ _____ _____

PRINT NAME Signature Date