

**MONTMORENCY COUNTY ROAD COMMISSION
APPLICATION FOR EMPLOYMENT**

Name _____ Date _____
Street Address _____ Phone No. _____
City _____ State _____ Zip _____ Soc. Sec. No. _____

Are you at least 18 years of age? Yes No

Do you have any physical condition, which may limit your ability to perform the job for which you are applying? _____

Have you had a major illness in the past 5 years? _____

Position(s) applied for _____

Summarize any special skills acquired from employment or other experience: _____

Do you currently possess a valid "Class A" CDL? Yes No

Please list all endorsements you currently have on your driver's license _____

Do you have a current MDOT physical card? Yes No

What date will you be available for work? _____

Do you have transportation to work? Yes No

Who shall be notified in case of an emergency?

Name _____ Phone _____

References:

List below all present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From	To	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
Telephone:							

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RECORD OF EDUCATION:

School	Name and Address of School	Course of Study	Last Year Completed	Did you Graduate?	List Diploma or Degree
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

If hired, I agree to give a minimum of 10 days notice prior to termination of employment.

Signature _____ **Date** _____