

HURON COUNTY ROAD COMMISSION

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

417 SOUTH HANSELMAN STREET, BAD AXE, MI 48413
PHONE: 989-269-6404 – FAX: 989-269-8491

DATE: _____

PERSONAL INFORMATION

NAME _____
LAST
FIRST
MIDDLE

PERMANENT ADDRESS _____
STREET
CITY
STATE
ZIP

ARE YOU 18 YEARS OR OLDER? YES NO PHONE NO. _____

EMAIL ADDRESS _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____

EVER WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

NAME OF LAST SUPERVISOR AT THIS COMPANY _____

WHO REFERRED YOU TO THIS COMPANY _____

OTHER SPECIAL SKILLS/LICENSES _____

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	SUBJECTS STUDIED SPECIAL TRAINING SPECIAL SKILLS
HIGH SCHOOL		
COLLEGE		
TRADE OR BUSINESS SCHOOL		

REFERENCES: LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of Age with respect to individuals who are at least 40 years of age.

PRESENT AND FORMER EMPLOYERS

NAME AND ADDRESS OF PRESENT EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT SUPERVISOR? YES NO

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PREVIOUS EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT SUPERVISOR? YES NO

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PREVIOUS EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT SUPERVISOR? YES NO

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

SIGNATURE

DATE