

Effingham County Highway Department



Employment Application

(An Equal Opportunity Employer)

This Application will be maintained for 12 months only

Name:				Date:	
	(Last Name)	(First Name)	(Middle)		
Address:					
	(Number)	(Street)	(City)	(State)	(Zip Code)
Telephone #	()	()			
	Home	Cell			
E-mail Address (optional):					
I am (Check a Box) & will provide necessary documentation to validate that I am:					
<input type="checkbox"/> A citizen or national of the United States or					
<input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States.					
Position(s) Applying For:					

What type of experience do you have which would be helpful for the job you are applying for? <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>					
Have you ever worked for this organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when & where _____					
Date available to Start: _____					
Are you available to Work: <input type="checkbox"/> <i>Full-time</i> <input type="checkbox"/> <i>Part-time</i> <input type="checkbox"/> <i>Days</i> <input type="checkbox"/> <i>Nights</i> <input type="checkbox"/> <i>Weekends</i> List any day or hours you are unable to work: _____					
List Any Friends or Relatives working here:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 30px; text-align: center;">(Name)</td> <td style="width: 40%; text-align: center;">(Relationship)</td> </tr> <tr> <td style="height: 30px; text-align: center;">(Name)</td> <td style="text-align: center;">(Relationship)</td> </tr> </table>	(Name)	(Relationship)	(Name)	(Relationship)
(Name)	(Relationship)				
(Name)	(Relationship)				
Please indicate your source of referral: <input type="checkbox"/> Company Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency <input type="checkbox"/> Contacted On Own <input type="checkbox"/> Other Name: _____ Name: _____					

United States Military Service

Do you have United States Military Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No				Branch: _____	
Date Entered:		Date Discharged:		Rank at Time of Discharge:	
Special Skills or Training from Service:				Present Military Status:	

EDUCATION

Please list educational institutions (high school, technical schools, college) attended beginning with the most recent.

Name & Location of School	Number of Years Completed (circle one)	Degree Earned/Major
	1 2 3 4	
	1 2 3 4	
	1 2 3 4	

WORK EXPERIENCE: List below your last four employers, starting with the most current one.

Employer Name:		Address:	
Position:	Dates - From To		
Supervisor -Name and Title		Phone ()	
Reason for Leaving			
Employer Name:		Address:	
Position:	Dates - From To		
Supervisor - Name and Title		Phone ()	
Reason for Leaving			
Employer Name:		Address:	
Position:	Dates - From To		
Supervisor Name and Title		Phone ()	
Reason for Leaving			
Employer Name:		Address:	
Position:	Dates - From To		
Supervisor Name and Title		Phone ()	
Reason for Leaving			

Are there any other places you have worked in addition to those listed above? ☐ Yes ☐ No

Additional Experience

Please list any additional experience.

PROFESSIONAL REFERENCES: Include three professional references who supervised your previous work (owners, managers, supervisors).

Name	Address, City, State	Position	Phone Number

THIS SECTION MUST BE COMPLETED AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU ANSWER ALL OF THE QUESTIONS TRUTHFULLY. OMISSION OR FALSIFICATION OF ANY CRIMINAL INFORMATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.

☐ **Yes** ☐ **No** Have you ever been convicted of an offense other than a minor traffic violation?

If **YES**, when, where, and disposition of the conviction: _____

Note: An applicant for employment is not obligated to disclose sealed or expunged records of conviction or arrest. You are also not obligated to disclose expunged juvenile records of adjudication or arrest.

☐ **Yes** ☐ **No** Have you ever been convicted of, had adjudication withheld, pled no contest to, or entered a pretrial intervention program for a misdemeanor or felony criminal charge, or are there currently criminal charges pending against you? (IF YES, EXPLAIN ON SEPARATE SHEET)

☐ **Yes** ☐ **No** Have you ever been suspended without pay, or dismissed from employment, or resigned while an investigation was in progress for possible disciplinary action? IF YES,
WHERE _____ and
WHEN _____

THE BELOW DISCLAIMERS MUST BE READ IN THEIR ENTIRETY AND ACKNOWLEDGED, BY SIGNATURE, AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU HAVE ANSWERED ALL OF THE QUESTIONS OF THIS EMPLOYMENT APPLICATION TRUTHFULLY.

By signing below, I understand that the information provided is true and correct, and that any misstatements or omission of material facts in the application or the hiring process may result in discontinuing of the hiring process or termination of employment, no matter when discovered. I agree that the organization shall not be held liable in any respect if my employment is terminated because of false statements, answers

or omissions made by me in this application.

I authorize the organization to analyze the truthfulness of all statements made on this application, complete reference checks from my current and former employers, and others that may provide information regarding my education and experiences. In addition, I give my consent for all contacted persons including current and former employers to provide information concerning this application, and I release each such person from liability for providing information to the organization.

I understand that nothing contained in this application, or the granting of an interview is intended to create an employer/employee relationship between the organization and myself either for employment or for the providing of any benefits. No promises regarding employment have been made to me unless made in writing. I further understand and agree that if I am hired, my employment would be "at will," as defined by law where our organization operates: I would have the right to terminate my employment at any time for any reason and that the organization would retain a similar right.

I understand that any offers of employment may be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with the organization's policy. If I refuse to submit to testing, refuse to sign the consent form, or test positive, the organization will not employ me.

I understand that any offers of employment may be contingent upon the results of a background check(s), including without limitation a criminal background check and a conviction inquiry, in accordance with the organization's policies and state law.

I hereby attest that all statements made by me above are true to the best of my knowledge, and I agree to the terms noted above.

Date: _____

Applicant's Signature: _____

CDL DRIVERS

All driver applicants who currently possess a Commercial Drivers License (CDL) or whose position for the company would require a Commercial Drivers License (CDL) need to complete the section below. DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

PAST EMPLOYERS REQUIRING CDL

Name			
Address			
City		State	Zip
Contact Person		Phone	
From: Mo.	Yr	To: Mo.	Yr.
Reason For Leaving			

Name			
Address			
City		State	Zip
Contact Person		Phone	
From: Mo.	Yr	To: Mo.	Yr.
Reason For Leaving			

Name			
Address			
City		State	Zip
Contact Person		Phone	
From: Mo.	Yr	To: Mo.	Yr.
Reason For Leaving			

ATTACH SHEET IF MORE SPACE NEEDED

ACCIDENT RECORD (attach sheet if more space needed)

Dates	Type of Accident (Head-on, rear-end, overturn)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations) if none, write **none**

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

CDL DRIVERS

All driver applicants who currently possess a Commercial Drivers License (CDL) or whose position for the company would require a Commercial Drivers License (CDL) need to complete the section below.

1. Are you at least 21 years of age or older? _____
2. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____
3. Has any license, permit or privilege ever been suspended or revoked? _____

IF THE ANSWER TO EITHER 2. OR 3. IS YES, GIVE DETAILS

LICENSES

IL Driver's License CDL: A B C Endorsement: H N P S T X Restriction: _____

Class Ratings Non CDL: A B C D L M

License Number: _____ Date Issued: _____ Current? ____ Yes ____ No

LIST PREVIOUS STATES HOLDING DRIVERS LICENSE

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all the information is true and complete to the best of my knowledge. I authorize you to make inquiries as necessary in arriving at an employment decision and my qualifications in driving a commercial motor vehicle. I understand that I must comply with all Federal Department of Transportation regulations.

DATE

APPLICANTS SIGNATURE