CITY OF HOUGHTON

Employment Application – Public Works



APPLICANT II	NFORMATION	J												
Last Name				First				Middle						
Street Address									Apartment/	Unit #	<u>.</u>			
City				State					ZIP					
Phone			ı	E-mail <i>I</i>	Address									
Date Available								Date	e of Birth:					
Position Applied f	or													
Are you a citizen	of the United Sta	ites? YES 🗌	NO) [If no, ar	e you	authorized	l to w	ork in the U.S	S.?	YES 🗌	N	10 🗆	
Have you ever wo	orked for this cor	mpany? YES 🗌	NO	D										
Have you ever be	en convicted of a	a felony? YES	NO	O If yes, explain										
Are You:	Male	Female												
Maiden Name if Applicable		<u>'</u>		Any Alias										
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EDUCATION														
High School			Add	dress										
From	То	Did you graduate?	YES	S 🗌	NO 🗌	De	gree							
College			Add	dress										
From	То	Did you graduate?	YES	s 🗌	NO 🗌	De	gree							
Other			Add	dress										
From	То	Did you graduate?	YES	s 🗆	NO 🗌	De	gree							
REFERENCES														
Please list three µ	orofessional refer	rences.												_
Full Name				F	Relatio	nship								
Company					F	Phone	()						
Address														

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Relationship	Company		Phone ()						
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	If other than honora	able, explain								

CDL/DRIVER'S LICENSE		
Do you presently have a Michigan Driver's License?	If so, please attach a copy of the license to this application as well as your driving record from the Secretary of State	If you do not have a valid Michigan Driver's License, please provide a copy of your license and driving record from another state.
Do you presently have a Michigan CDL?	If so, we will call your previous employers to see if you ever failed a drug or alcohol test.	If you do not have a CDL, the City of Houghton will require you to obtain one.

DISCLAIMER/AUTHORITY TO RELEASE INFORMATION/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.

The City of Houghton adheres to USDOT policy, Section 40.25

This provision requires employers to check on the drug and alcohol testing background of new hires and other employees beginning safety-sensitive work. Employers would have to get written consent from the applicant (in the absence of which the employer would not hire the person). The employer sends the request for information and the employee's consent to all other DOT-regulated employers for whom the employee had worked within the previous two years.

The employer cannot let the employee perform safety-sensitive duties for more than 30 days unless the employer has obtained, or made and documented a good faith effort to obtain, the required information from previous employers (as well as from firms to whom the employee applied for safety-sensitive work, where there was a positive test result or a refusal). If the employer finds that the employee has a violation on his record, and the employee has not successfully completed the return-to-duty process, the employer must immediately stop using the employee to perform safety-sensitive functions.

In addition to seeking information from previous employers, this section also requires employers to ask prospective employees if they have failed or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire them.

Have you failed or refused a DOT drug or alcohol test within the past two years?

No

I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers,	educational
institutions, law enforcement agencies for the purpose of determining my eligibility and suitability for employment.	

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Signature Date