KEWEENAW COUNTY ROAD COMMISSION
SEASONAL JOB OPENINGS

The Keweenaw County Road Commission is seeking applicants for the following positions:

Seasonal Truck Driver / Laborer

A minimum requirement for the position is a valid State of Michigan Class B Commercial Drivers License, without restrictions (must be able to operate a manual transmission). The seasonal truck driver/laborer position offers 40 hour per week employment from December to early April, weather dependent. A detailed description of duties is available with the application.

Temporary, Seasonal Snowplow Wingman

A minimum requirement for the position is a valid State of Michigan Driver's License and must 18 years of age or older. The temporary, seasonal position requires varying quantity of hours worked per week, on an "on-call" basis from December to early April, weather dependent.

Applications will be received at the Keweenaw County Road Commission Office until Tuesday, November 3rd, 2026. Applications are available at the office address below or online at https://www.keweenawcountyonline.org/commissions-roads.php

Keweenaw County Road Commission
1916 Fourth Street
P.O. Box 379
Mohawk, Michigan 49950
(906) 337-1610

Richard Olson, Chairman
John Karvonen, Vice-Chairman
Gary Bracco, Member

Application for Employment for CDL Drivers

Logo

Careful and thoughtful completion of this application is an important step in our consideration of individuals for employment. Please complete the entire application. Print in ink. Ask for an extra piece of paper if you need to clarify any responses. Your application must also specify the position for which you are applying. Stating that you will do "Anything" is indefinite and may result in your application not being accepted by the employer. Your application will be considered for sixty (60) days.

Today's Date	**Time**	
Last Name	**First Name**	**Middle Name**
Email:		
Social Security #	**Date of Birth**	**Telephone #**
Current Address		**Dates of Residency**
All Other Addresses During the Last 3 Years **Previous Addresses**		**Dates of Residency**
1.		
2.		
3.		
Job(s) Applied For: **1.**		**Rate of Pay Expected: $_____ per _____**
2.		**Rate of Pay Expected: $_____ per _____**
Do you want to work: ☐ **Full-Time** ☐ **Part-Time?**	**If applying only for part-time, what days and hours?**	
Have you ever applied for work with us before? ☐ **Yes** ☐ **No**	**If yes, when?**	
Do you have any skills, qualifications, or experience which you feel especially fit you for work with us?		

U.S. Armed Forces Services? ☐ **Yes** ☐ **No**		
Branch	**Duties**	
Rank at time of Enlistment		**Rank at time of Discharge**
Were you honorably discharged? ☐ **Yes** ☐ **No**	**If not, please explain:** *(An other than honorable discharge will not be an automatic bar to employment.)*	
Are you able to do the job for which you are applying? ☐ **Yes** ☐ **No**	**If not, please explain:**	
Have you ever been convicted of a crime? ☐ **Yes** ☐ **No**	**If yes, explain when, where, and the nature of the offense:** *(Conviction of a crime will not be an automatic bar to employment.)*	
Are you authorized to work in the U.S.? ☐ **Yes** ☐ **No**		**If hired, when can you start?**

EDUCATION				
School	**Name of School**	**Highest Grade Completed or Degree Obtained**	**City/State**	**Course of Study**
Grammar				
High School				
College				
Other				

DRIVER INFORMATION

List the issuing State, number, and expiration date of each commercial motor vehicle operator's license or permit you have held during the last three (3) years:

State	Number	Type of CDL (A or B)	Endorsements (T, N or X)	Restrictions (L, Z, E or O)	Expiration Date

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the last three (3) years:

Date	Description

List all motor vehicle accidents in which you were involved during the last three (3) years, specifying the date and nature of each accident and any fatalities or personal injuries it caused:

Date	Description	Fatalities or Personal Injuries

Please describe the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semi-trailers, full trailers, and pole trailers) which you have operated:

Have you ever been disqualified under the Federal Motor Carrier Safety Regulations?

☐ **Yes** ☐ **No**

Have you ever been convicted of driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof?

☐ **Yes** ☐ **No**

Have you ever tested positive, or refused to test, on any pre-employment drug test administered by an employer to which you applied for, but did not obtain, safety-sensitive work covered by DOT drug and alcohol testing rules?

☐ **Yes** ☐ **No**

Have you experienced the denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle that has been issued to you?

☐ **Yes** ☐ **No**

If "yes" to any of the above, please set forth in detail all facts and circumstances:

PRIOR WORK EXPERIENCE

** NOTICE TO APPLICANT**

The information you provide in response to this question may be used, and your prior employers may be contacted, for the purpose of investigating your background as required by State and/or Federal Motor Carrier Safety Regulations. You are hereby notified that you have the following rights regarding the investigative information that will be provided to us pursuant to 49 CFR 391.23 (d) and (e):

1) The right to review information provided by previous employers;

2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I HAVE READ AND UNDERSTAND THESE RIGHTS.

Applicant's Signature_____

Please list the names and addresses of your employers during the last 10 years, together with the dates of employment and the reasons for leaving such employment:

Last Employer	
Name	**Dates of Employment**
Address	**Position Held**
Supervisor Name	**Phone**
Starting Pay	**Final Pay**
Applicant was subject to FMCSRs while employed by above employer? ☐ **Yes** ☐ **No**	**Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?** ☐ **Yes** ☐ **No**
Reason for leaving	

Second to Last Employer	
Name	**Dates of Employment**
Address	**Position Held**
Supervisor Name	**Phone**
Starting Pay	**Final Pay**
Applicant was subject to FMCSRs while employed by above employer? ☐ **Yes** ☐ **No**	**Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?** ☐ **Yes** ☐ **No**
Reason for leaving	

Third to Last Employer	
Name	**Dates of Employment**
Address	**Position Held**
Supervisor Name	**Phone**
Starting Pay	**Final Pay**
Applicant was subject to FMCSRs while employed by above employer? ☐ **Yes** ☐ **No**	**Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?** ☐ **Yes** ☐ **No**
Reason for leaving	

Fourth to Last Employer	
Name	**Dates of Employment**
Address	**Position Held**
Supervisor Name	**Phone**
Starting Pay	**Final Pay**
Applicant was subject to FMCSRs while employed by above employer? ☐ **Yes** ☐ **No**	**Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?** ☐ **Yes** ☐ **No**
Reason for leaving	

Fifth to Last Employer	
Name	**Dates of Employment**
Address	**Position Held**
Supervisor Name	**Phone**
Starting Pay	**Final Pay**
Applicant was subject to FMCSRs while employed by above employer? ☐ **Yes** ☐ **No**	**Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?** ☐ **Yes** ☐ **No**
Reason for leaving	

Sixth to Last Employer	
Name	**Dates of Employment**
Address	**Position Held**
Supervisor Name	**Phone**
Starting Pay	**Final Pay**
Applicant was subject to FMCSRs while employed by above employer? ☐ **Yes** ☐ **No**	**Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?** ☐ **Yes** ☐ **No**
Reason for leaving	

*****Attach additional pages as may be necessary to include all previous employers during the last 10 years.***

BUSINESS REFERENCES		
Name	**Address/Telephone #**	**Occupation**

APPLICANT'S CERTIFICATION AND AGREEMENT

Please Read Carefully:

1. Certification of Truthfulness. I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed or if employed will result in my dismissal.

2. Authorization for Employment / Educational Information. I authorize the references listed in the Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give the Keweenaw County Road Commission any and all information, or any other pertinent information, they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing any lawful information to the County Road Commission. I hereby waive written notice that employment information is being provided by any person or organization.

3. Employment at Will. If I am hired, in consideration of my employment, I agree to abide by the rules and policies of Keweenaw County Road Commission, including any change made from time to time, and agree that, subject to the provisions of any written agreement to the contrary, my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Keweenaw County Road Commission or myself. I understand that no manager or other representative of the Keweenaw County Road Commission, other than the Managing Director/Engineer, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the Managing Director/Engineer must be made in writing to be effective.

4. Authorization to Work. If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

5. Need for Accommodation. If I am a person with a disability who requires an accommodation to perform the job, I must notify the Keweenaw County Road Commission of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me under state but not federal law from alleging that the Keweenaw County Road Commission has not accommodated me as required by law.

6. Criminal Records Check. I agree to execute an authorization for the Keweenaw County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Keweenaw County Road Commission determine it is necessary to do so.

7. Release of Medical Information. I authorize every medical doctor, physician or other healthcare provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, x-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, officer, corporation, association, organization, or institute which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other healthcare provider until a job offer has been made.

8. Physical Exam and Drug and Alcohol Testing. I agree that if a job offer is made to me I will, before commencing employment, take a physical exam and authorize the Keweenaw County Road Commission or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand the decisions concerning my employment will be made as a result of this test. I further authorize any physician or entity conducting such testing to release the results of such testing to the Keweenaw County Road Commission.

9. Psychological / Physical Testing. If offered employment, I agree to submit to any psychological or physical testing which may be necessary to determine my ability to perform the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the Keweenaw County Road Commission.

10. Driving Record Check. If applying for a position that requires driving Keweenaw County Road Commission vehicle, I authorize the Keweenaw County Road Commission and its agents the authority to make investigations and inquiries of my driving record.

11. Fringe Benefits. In accepting employment with the Keweenaw County Road Commission, I agree to accept all fringe benefits when eligible as provided now or in the future. I understand that it is my responsibility to provide documentation for verification of eligibility for fringe benefits as well as information regarding mailing address, telephone numbers or contact arrangements, withholding exemptions and dependent information. The Keweenaw County Road Commission shall rely on the most recent information for all purposes.

12. Credit Report. I understand that the Keweenaw County Road Commission or its agents may make an investigative inquiry whereby information is obtained through interviews with my neighbors, friends and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation.

13. Consideration of Employment. I understand that my application will be considered pursuant to the Keweenaw County Road Commission's normal procedures for a period OF SIXTY (60) DAYS. IF I AM STILL INTERESTED IN EMPLOYMENT THEREAFTER, I MUST REAPPLY.

14. Limitation of Action. I agree that I shall not commence any action or other legal proceeding related to my employment or the termination thereof more than six (6) months after the event complained of, and I voluntarily waive any statute of limitations which is longer to the contrary.

I HAVE READ AND UNDERSTAND ITEMS #1 THROUGH #14 ABOVE, AND ACKNOWLEDGE THAT WITH MY SIGNATURE BELOW.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ _____

Date Applicant's Signature

KEWEENAW COUNTY ROAD COMMISSION
DRUG AND ALCOHOL TESTING
AUTHORIZATION FORM

I _____ , as an employee/applicant of the
(Print name)
Keweenaw County Road Commission, hereby acknowledge that the Road Commission's Drug-Free Workplace Policy requires me to be subject to drug and/or alcohol testing. Drug testing will occur by urinalysis unless a disability recognized under federal and/or state law necessitates that I be tested by an alternative method. Alcohol testing may include breath, saliva, or blood testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of drugs and/or alcohol.

I hereby freely and voluntarily consent to this request for a drug and/or alcohol test, and agree to participate in the pre-employment and random drug and/or alcohol testing program administered through Marshfield Medical Center Dickinson and/or other certified facility.

I hereby release the Keweenaw County Road Commission, its employees, agents, and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I hereby consent not to file any action at law or in equity against the Keweenaw County Road Commission, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made available, and hereby agree to indemnify and hold harmless the Keweenaw County Road Commission, the laboratory testing service, their respective officers, agents and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of may suffer or incur, jointly or severally, due to the results of such screening being so made available.

I hereby authorize the release of my drug and/or alcohol test results to the Engineer/Manager and Human Resources Director of the Keweenaw County Road Commission.

I agree to cooperate in all aspects of the testing program and understand that refusal to participate in required testing may result in denial of employment or disciplinary action up to and including termination of employment.

_____ _____

Employee/Applicant Signature Date

APPLICATION FOR EMPLOYMENT (Non-CDL)

CAREFUL AND THOUGHTFUL COMPLETION OF THIS APPLICATION IS AN IMPORTANT STEP IN OUR CONSIDERATION OF INDIVIDUALS FOR EMPLOYMENT. PLEASE COMPLETE THE ENTIRE APPLICATION. PRINT IN INK. ASK FOR AN EXTRA PIECE OF PAPER IF YOU NEED TO CLARIFY ANY RESPONSES. YOUR APPLICATION MUST ALSO SPECIFY THE POSITION FOR WHICH YOU ARE APPLYING. STATING THAT YOU WILL DO ANYTHING IS INDEFINITE AND MAY RESULT IN YOUR APPLICATION NOT BEING ACCEPTED BY THE EMPLOYER. YOUR APPLICATION WILL BE CONSIDERED FOR SIXTY (60) DAYS.

TODAY'S DATE:	TIME:

NAME: _____
(LAST) (FIRST) (MIDDLE)

Email: _____

SOC. SEC. #	TELEPHONE #

CURRENT ADDRESS: _____ _____	LENGTH OF TIME AT THIS ADDRESS:
PREVIOUS ADDRESS: _____ _____	LENGTH OF TIME AT THIS ADDRESS:

Job(s) Applied For:	1. _____ Rate of Pay Expected: $_____ per _____
	2. _____ Rate of Pay Expected: $_____ per _____

Do you want to work: FULL-TIME PART-TIME ?

If applying only for part-time, what days and hours?	_____ _____

Have you ever applied for work with us before? YES NO If yes, when?

Do you have any skills, qualifications or experiences which you feel would especially fit you for work with us? _____
_____

U.S. ARMED FORCES SERVICE? YES NO	
Branch:	Duties:
Rank or rating at time of enlistment:	Rating at time of discharge:
Were you honorably discharged? YES NO If not, please explain: _____ _____ (An other than honorable discharge will not be an automatic bar to employment.)	
Are you able to do the job for which you are applying? YES NO If not, please explain: _____ _____	
Are you 18 years of age or older? YES NO	
Have you ever been convicted of a crime? YES NO If yes, explain when, where, and the nature of the offense: _____ _____ (Conviction of a crime will not be an automatic bar to employment.)	
Are you authorized to work in the United States? YES NO	
If hired, when can you start? _____	

EDUCATION

SCHOOL	NAME OF SCHOOL	HIGHEST GRADE COMPLETED OR DEGREE OBTAINED	CITY / STATE	COURSE OF STUDY
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
OTHER				

PRIOR WORK EXPERIENCE

NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	DATES OF EMPLOYMENT		REASON FOR LEAVING	TYPE OF WORK DONE AND SUPERVISOR NAME	STARTING PAY	FINAL PAY
	FROM	TO				

BUSINESS REFERENCES

NAME	ADDRESS / TELEPHONE NUMBER	OCCUPATION

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Date Applicant's Signature

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DRUG AND ALCOHOL TESTING
AUTHORIZATION FORM

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(Print name)
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I hereby consent not to file any action at law or in equity against the Keweenaw County Road Commission, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made available, and hereby agree to indemnify and hold harmless the Keweenaw County Road Commission, the laboratory testing service, their respective officers, agents and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of may suffer or incur, jointly or severally, due to the results of such screening being so made available.

I hereby authorize the release of my drug and/or alcohol test results to the Engineer/Manager and Human Resources Director of the Keweenaw County Road Commission.

I agree to cooperate in all aspects of the testing program and understand that refusal to participate in required testing may result in denial of employment or disciplinary action up to and including termination of employment.

_____ _____

Employee/Applicant Signature Date