

EMPLOYMENT APPLICATION

Equal Opportunity Employer

A **MDOT APPLICATION IS REQUIRED**, resumes are encouraged, but are not a substitute for the application. Submit application to Office of Human Resources, 934 Bridge Plaza, Sault Ste. Marie, Michigan 48783. Fax Number: (906) 635-0540.

POSITION FOR WHICH YOU ARE APPLYING

Posting Code: _____ Bureau/Region/Office/Division: _____

Position Location: _____ Job Title: _____

Are you or have you ever been a State of Michigan employee? Yes No If Yes, Employee ID # required: _____

If you have a disability, as defined by the Michigan Persons with Disabilities Civil Rights Act, and require assistance to complete this application, a reasonable accommodation may be provided.

PERSONAL INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Drivers License Number: _____

Day Time Telephone Number: (_____) _____ Home Telephone Number: (_____) _____

Previous name(s) if different than current name: _____

Have you ever been dismissed from employment or resigned your employment in lieu of dismissal? Yes No

If Yes, when and please explain: _____

NAME/LOCATION OF HIGH SCHOOL: _____ DIPLOMA: Yes No Other (Specify) _____

COLLEGE, UNIVERSITY, TRADE SCHOOL OR SPECIAL TRAINING: (TRANSCRIPTS ARE REQUIRED)

NAME OF SCHOOL	LOCATION	CREDIT HOURS EARNED		COURSE OF STUDY	DEGREE OR CERTIFICATE RECEIVED
		QTR	SEM		
TRADE SCHOOL/SPECIAL TRAINING					
TRADE SCHOOL/SPECIAL TRAINING					

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSURE OR REGISTRATION EXAMPLES: CDL, PE, CPA, ETC.

LICENSURE OR REGISTRATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

VETERAN:

Are you a veteran, surviving spouse or a spouse of a disabled veteran who has been discharged within the last five years? Yes No

If yes, are you registered with Civil Service for veterans' preference? Yes No

CITIZENSHIP:

Are you a U.S. Citizen? Yes No

If No, are you eligible to work in the U.S. without sponsorship? Yes No

Do you possess a valid Western Hemisphere Travel Initiative Document: _____ Passport _____ Passport Card _____ NEXUS _____ Other

If "Other", please specify: _____

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include job related volunteer work, if applicable, and indicate number of employees supervised. Use a separate block to describe each position. If needed, attach additional sheets, using the same format as the application. Resumes may be attached to provide additional information.

1 Name of Present or Last Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

2 Name of Present or Last Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

3 Name of Present or Last Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

CERTIFICATION

I certify that all information contained in this application is true, and made in good faith. I agree and understand any falsifications, omissions, misstatements, or misrepresentations above will result in my forfeiting any rights of consideration for employment with the Michigan Department of Transportation or, if hired, could lead to my dismissal. Under the Michigan Persons with Disabilities Civil Rights Act, a person with a disability may allege a violation of the Act regarding the failure to accommodate only if the person with a disability notifies the employer in writing of the need for accommodation within 182 days after the date the person with a disability knew or reasonably should have known an accommodation was needed. This does not preclude my rights under federal law which establishes a 300 day status of limitation.

By submission of this application, I am authorizing the Michigan Department of Transportation to conduct a criminal history and background check, contact past employers regarding references and to check my motor vehicle operator license record as part of the pre-employment process.

SIGNATURE: _____ DATE: _____

EEO SURVEY

Although the following information is not mandatory, it is requested to comply with Federal Highway Administration (FHWA) requirements. This information is for statistical purposes only. It will in no way affect your employment status or opportunities, nor will it be used as part of the selection process (hiring managers will not receive this information).

Posting Code: _____ Bureau/Region/Office/Division: _____

Position: _____ Location of Position _____

GENDER: MALE FEMALE

DISABLED: NO YES

RACE/ETHNICITY (Please select all that apply to you):

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America).

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black: (not of Hispanic origin): A person having origins in any of the black racial groups.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (not of Hispanic origin): A person having origins in any of the original peoples of Europe, North Africa, or Middle East.

Multiracial: A person having origins in more than one racial group.

Employer, remove this section prior to the selection process.

