

Mechanic

The Ionia County Road Commission is seeking qualified applicants for the position of Mechanic. Applicants should possess, at a minimum, a high school education or equivalent and at least five years of work related experience. Advanced training or experience in electronics and computer diagnostics is required. Previous work experience in the field of truck and heavy equipment maintenance is required. Certification and Class A CDL are desired. Pay range is \$15.28 to 23.40 hourly.

Further details, along with the job description and application package, are available on our website at www.ioniacountyroads.org. Application packages can also be requested by calling our office at (616) 527-1700.

TO APPLY: You must complete the Application and Supplemental Questionnaire. Completed forms can be returned via email to info@ioniacountyroads.org or via mail to Ionia County Road Commission, PO Box 76, Ionia, MI 48846. We are an EOE/AA employer with a drug-free workplace.

Name _____

Date _____

**SUPPLEMENTAL QUALIFICATIONS
QUESTIONNAIRE FOR
CLASS A MECHANIC
IONIA COUNTY ROAD COMMISSION**

To fully evaluate your qualifications for this position, we need the special information requested below. Since your answers to the questions below will play an important part in determining your eligibility for further steps in the selection process, it is important that all questions be answered **fully and completely**. You may attach a resume if you wish, but it must be accompanied by the completed application and questionnaire. Additional pages may be added if more space is needed.

LICENSE INFORMATION

Driver's License # _____

Is it Group A CDL with Air Brakes? _____ What Endorsements? _____

How did you hear about this position?

Were you referred by one of our employees? Yes No

If yes, who? _____

EDUCATION / SCHOOLING

List and describe any current or completed courses / sessions / training relevant to this position. Be sure to include certifications.

YOUR GOALS

Briefly describe what you are looking for in a job and what you expect from an employer.

BACKGROUND SPECIFICS:

HEAVY TRUCK AND EQUIPMENT MAINTENANCE

Using one of the following three codes (F-O-S), please indicate the extent to which you have participated in each of the following tasks by writing the code letter on the appropriate line. **By participate, we mean that the majority of the work was done by you personally.**

F (frequently - I have performed this task so many times it is difficult to give precise figure)

O (occasionally - I have performed in this area more than three or four times but not on a steady basis)

S (seldom - never - I have not performed this type of work or, if I have, it has been only a couple of times, thus I am not experienced in this area)

- _____ Operate dump truck.
- _____ Operate motor grader.
- _____ Use computer software to troubleshoot engine codes.
- _____ Use schematics to troubleshoot electrical and hydraulic issues.
- _____ Operate front-end loader.
- _____ Maintain parts inventory.
- _____ Use torches.
- _____ Use and understand online and hard cover parts and service manuals.
- _____ Participate in a preventative maintenance program.
- _____ Perform welding/fabrication.
- _____ Review pre-trip and post-trip inspections of equipment to schedule repairs.
- _____ Keep accurate and complete records of work accomplished for payroll.
- _____ Operate a lap top computer or tablet.
- _____ Operate aerial platform equipment and forklift.
- _____ Remove/replace clutch, transmission, rear-end.
- _____ Operate or calibrate any ground speed oriented controllers.
- _____ Perform maintenance on plow trucks or sanding equipment.
- _____ Operate a hoist.
- _____ Listen to concerns from the public and explain policies and procedures.

REFERENCE RELEASE FORM

I have filed an application for employment at Ionia County Road Commission (ICRC) and do hereby authorize ICRC to seek from school officials, previous employers, and other persons, firms, or institutions, any and all information in their knowledge or possession pertaining to my employment history or my qualifications and ability to work as Shop and Equipment Supervisor, including but not limited to, information and opinions pertaining to the nature of my former jobs and job duties, how I performed these duties, my salary history, my attendance record, my character, my academic record, and any performance, behavior, attitude, or other problems or good points perceived by them. I further authorize the persons, firms, or institutions contacted by ICRC to release to it any and all information in their knowledge or possession pertaining to my employment history and/or my qualifications and ability to work at the above- named job. Further, I authorize ICRC to seek any and all law enforcement agencies having information concerning me to release any such information maintained by that agency, including but not limited to the results of any reports concerning any investigations and all documentation, test results, or information of any type obtained from any source during the course of such investigations, relating to charges that have been expunged. I release, promise to hold harmless and covenant not to bring legal action against ICRC on the basis of its attempt to obtain any of the foregoing information, and I further release, promise to hold harmless and covenant not to bring legal action against any persons, firms, institutions, or agencies providing such information to ICRC on the basis of their disclosures. I have signed this release voluntarily and of my own free will. I agree to participate in pre-employment physical and drug testing.

Signature

Date

May we contact your current employer? _____

Be sure to return this questionnaire with your completed application. Please understand that a resume is NOT a substitution for your completion of this questionnaire. Thank you very much for your interest in this position.

Please provide the names, addresses and phone numbers for three references.

1. Name: _____ Personal or Employer?

Address: _____

Res. Phone: _____ Bus. Phone: _____

Position: _____

2. Name: _____ Personal or Employer?

Address: _____

Res. Phone: _____ Bus. Phone: _____

Position: _____

3. Name: _____ Personal or Employer?

Address: _____

Res. Phone: _____ Bus. Phone: _____

Position: _____

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)

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 | | | | |
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BUSINESS REFERENCES

| NAME | ADDRESS / TELEPHONE NUMBER | 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 _____ 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 _____ 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 _____ County Road Commission or myself. I understand that no manager or other representative of the _____ County Road Commission, other than the Managing Director, 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 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 _____ 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 _____ County Road Commission has not accommodated me as required by law.
6. Criminal Records Check. I agree to execute an authorization for the _____ County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the 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 _____ 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 _____ 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 _____ County Road Commission.

10. Driving Record Check. If applying for a position that requires driving a _____ County Road Commission vehicle, I authorize the _____ 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 _____ 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 _____ County Road Commission shall rely on the most recent information for all purposes.

12. Credit Report. I understand that the _____ 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 _____ 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