

## **Transportation Maintenance Worker**

The Ionia County Road Commission is currently seeking qualified candidates for Transportation Maintenance Worker. Responsibilities will consist of all types of road maintenance activities including equipment operation and manual labor. Candidates must possess a Michigan Unrestricted Class A CDL with air brakes, medical certification card and the ability to pass a drug test. Heavy equipment experience is helpful. Candidates must be willing and available to work overtime and be on-call during all times of the day, night, weekends and holidays. We offer a competitive salary and fringe benefit package. Pay range is \$15.21 – \$22.20 hourly.

## **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 Unrestricted 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](http://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](mailto:info@ioniacountyroads.org) or via mail to Ionia County Road Commission, PO Box 76, Ionia, MI 48846.

Applications will be accepted until **August 22, 2018 @ 4:00 P.M.** We are an EOE/AA employer with a drug-free workplace.

**IONIA COUNTY ROAD COMMISSION  
JOB DESCRIPTION**

**TITLE** Transportation Maintenance Worker

FLSA: Non-Exempt

**GENERAL SUMMARY**

Maintenance of state trunklines and county roads within the right-of-way countywide. Employee may be trained to operate any piece of equipment used in a typical maintenance garage. The major equipment used is listed in the following duties.

**DUTY 1:** Perform all surface shoulder, roadside, general maintenance and winter maintenance activities listed in MDOT's Direct Maintenance Handbook. Examples of these activities are as follows: patrol patching, crack filling, blading gravel roads and shoulders, litter pickup, repair steel guardrail, snow removal, sign maintenance, seal patching, patching gravel shoulders, tree removal, mowing, right-of-way fence repair, salting and sanding pavements and delineator maintenance. Operate the following heavy motorized equipment during the performance of these activities: 8-ton dump truck for hauling maintenance materials and supplies to job site, 8 to 11 ton truck equipped with winter attachments, such as metered salt hopper boxes, underbody scraper blades, snow plows, etc., front end loader to load salt and other maintenance materials, tractor with attachments, such as backhoe, loader bucket rotary mower, etc., 1 ton dump truck, motor grader, and roller. Physical requirements for equipment operation: ability to pass Motor Carrier Physical Exam and CDL physical requirements, ability to climb into vehicles and equipment, and ability to twist, bend, and stoop in order to conduct pre-operation check of equipment.

Operate the following powered equipment: chain saw for cutting trees and posts, brush chipper, tar kettle, air compressor and air powered tools such as an air hammer, electric tools and generator, and pavement router.

Physical requirements: ability to lift power tools weighing as much as 90 pounds. Twisting, bending, pulling and stooping.

Perform highway maintenance work using the following example hand tools: shovel, sledge hammer, rake and post hole digger.

Physical requirements: ability to lift shovel full of stones or asphalt, twisting, bending, pulling, swinging, stooping and pushing actions.

Performs the following example manual labor tasks in the performance of the above activities: lifting objects weighing up to 100 pounds which requires twisting, bending, and stooping, shovel stones and asphalt material which requires twisting and bending, unloading materials from truck bed, carrying and setting up signs for temporary lane closure, and clear roads and shoulders of dead animals.

**DUTY 2:** Perform equipment servicing and cleaning, and garage facilities and grounds cleaning activities.

Physical requirements: lifting objects weighing up to 100 pounds, twisting, bending and stooping actions, and climbing ladders.

**DUTY 3:** Operate specialized maintenance equipment: (ie..paver, bulldozer, etc.)

The typical duties stated herein are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not to be construed as an exhaustive list of all duties and responsibilities of personnel so classified.

### **WORKING CONDITIONS AND HAZARDS**

Working Conditions: Working outside in all kinds of weather.

Work Hazards: Working on roadway in traffic, working with chemicals.

Physical Effort: Manual labor which involves lifting and carrying heavy tools and materials. Wearing safety equipment. Also requires bending, twisting and stooping, many times a day.

Work Hours: Hours of work may vary and may require overtime.

### **DESIRABLE MINIMUM QUALIFICATIONS**

1. High school education or equivalent
2. One (1) year relevant experience
3. Valid Commercial Drivers License with Air Brakes and Endorsement N
4. Motor Carrier Physical Exam Card

### **SPECIAL KNOWLEDGE, SKILLS AND ABILITIES**

Mechanical aptitude needed to operate equipment efficiently and safely. Ability to read and understand written and oral instructions. Ability to complete time and equipment usage reports on a daily basis. Ability to identify, recommend or implement improvements in the work area.

### **TRAINING REQUIRED AFTER HIRE**

#### **(IN-SERVICE, ON-THE-JOB, FORMAL, INFORMAL)**

Formal classroom and on-the-job training on all equipment that employee will be required to operate. Hazard communications program training, various safety training programs, classroom and/or on-the-job training on all maintenance activities employee will perform.

# APPLICATION FOR EMPLOYMENT FOR CDL DRIVERS

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.

<b>TODAY'S DATE:</b> _____	<b>TIME:</b> _____	
<b>NAME:</b> _____		
(Last)	(First)	(Middle)
	<b>TELEPHONE #:</b> _____	
<b>CURRENT ADDRESS:</b>	<b>DATES OF RESIDENCY:</b>	
<b>ALL OTHER ADDRESSES DURING THE LAST 3 YEARS:</b>		
<u>PREVIOUS ADDRESSES</u>	<u>DATES OF RESIDENCY</u>	
<b>Job(s) Applied For:</b>		
Transportation Maintenance Worker	Rate of Pay Expected: \$ _____ per	
<b>Do you want to work:      FULL-TIME      PART-TIME?</b>		
<b>If applying only for part-time, what days and hours?</b>		
<b>Have you ever applied for work with us before?</b>		
YES	NO	If yes, when?
<b>Do you have any skills, qualifications or experience which you feel especially fit you for work with us?</b>		

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

EDUCATION			
SCHOOL	NAME OF SCHOOL	HIGHEST GRADE COMPLETED OR DEGREE OBTAINED	City/State COURSE OF STUDY
GRAMMAR			
HIGH SCHOOL			
COLLEGE			
OTHER			

## 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.***

**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	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:

<b><u>BUSINESS REFERENCES</u></b>		
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 Ionia 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 Ionia 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 Ionia County Road Commission or myself. I understand that no manager or other representative of the Ionia 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 Ionia 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 Ionia County Road Commission has not accommodated me as required by law.
6. Criminal Records Check. I agree to execute an authorization for the Ionia County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the Ionia 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 Ionia 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 Ionia 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 Ionia County Road Commission.

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

12. Credit Report. I understand that the Ionia 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 Ionia 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



## **BACKGROUND SPECIFICS:**

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, and that the completed project represented your work.

“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.
- \_\_\_\_\_ Operate front-end loader.
- \_\_\_\_\_ Operate backhoe.
- \_\_\_\_\_ Operate and work from aerial platform equipment.
- \_\_\_\_\_ Operate skid steer.
- \_\_\_\_\_ Haul trailer over 24' in length.
- \_\_\_\_\_ Operate farm-type tractor.
- \_\_\_\_\_ Operate brush-type mowers (brush hog).
- \_\_\_\_\_ Operate brush chipper.
- \_\_\_\_\_ Operate chainsaw.
- \_\_\_\_\_ Perform tree removal activities.
- \_\_\_\_\_ Perform flagging or traffic control.
- \_\_\_\_\_ Setup signing for work zones.
- \_\_\_\_\_ Work with, or find, underground utilities.
- \_\_\_\_\_ Participate in the construction and maintenance of roads and bridges.
- \_\_\_\_\_ Blade gravel roads or prepare grades.
- \_\_\_\_\_ Work with concrete or asphalt.
- \_\_\_\_\_ Conduct pre- and post-trip inspections of equipment.
- \_\_\_\_\_ Keep accurate and complete records of work accomplished for payroll and billing purposes.
- \_\_\_\_\_ Listen to concerns from the public and explain policies and procedures.
- \_\_\_\_\_ Have you ever plowed snow with any type of truck? Please specify dump truck or pickup, etc.: \_\_\_\_\_

**EXPERIENCE**

Briefly describe your most significant experience in the following areas. Indicate position title, employer, and length of each experience.

- (A) Perform road maintenance and construction activities. Indicate specific nature of responsibility, and scope of functions.

Employer \_\_\_\_\_

Date \_\_\_\_\_ Position Title \_\_\_\_\_

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- (B) Operate and service heavy equipment such as loader, motor grader, backhoe, skid steer or tractor.

Employer \_\_\_\_\_

Date \_\_\_\_\_ Position Title \_\_\_\_\_

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- (C) Describe briefly the most significant experience you have had in which your personal actions or recommendations resulted in the introduction of change in the organization, management, programs or policies of your employer. Make clear the extent of your personal involvement and the exact nature of the change that resulted from your efforts.

Employer \_\_\_\_\_

Date \_\_\_\_\_ Position Title \_\_\_\_\_

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### **QUALIFICATIONS HIGHLIGHTS**

Considering what you know of this opportunity with the Ionia County Road Commission, what two or three factors would you select from all your qualifications as being your main strengths for this particular position?

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Explain any other relevant qualifications you have, which have not already been covered in this questionnaire.

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This position requires being available to work extensive overtime during winter months. Overtime is also required during other weather events, such as wind storms or heavy rains, with little or no notice. Are you available for and willing to work overtime?

Yes      No      Comments: \_\_\_\_\_



**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 Transportation Maintenance Worker, 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: \_\_\_\_\_