Application for Employment

THIS IS AN IMPORTANT DOCUMENT. ANSWER EACH ITEM COMPLETELY. FAILURE TO DO SO MAY RESULT IN YOU NOT BEING CONSIDERED FOR THE POSITION.

Name:_________________________  Date:_______________


**Employment Requirements and Functions**

- Must comply with the Traffic Control Company Substance Abuse Policy and DOT Drug Control Program, which includes pre-employment and random drug and/or alcohol testing.
- Must be willing to join a union.
- Must be able to read and write
- Must have a clean driving record or be accepted by company insurance policy provider to drive Traffic Control Company vehicles.
- Must obtain a Class A Commercial Drivers license with hazardous materials, tanker, and air brake endorsements.
- You must have your own transportation to and from work.
- Must have a telephone.
- Must be willing to work days, nights, weekends, and go out of town for work.
- Must work as a team player.
- Must cooperate with co-workers.
- Must respond politely to customers, contractors, and the traveling public.
- Must be willing to think quickly and act appropriate in emergency situations.
- Must be able to function under intense time pressure.
- Must be willing to accept change.
- Must contribute to a healthy, positive work environment.
- Must accept any other related, relevant work duties as assigned.

*I have read and understood the above contents. I realize that at any time during my employment with Traffic Control Company, if any of the above requirements or functions are not met, it could result in the termination of my employment relationship with Traffic Control Company.*

Signature: ___________________________  Date: ___________________
Traffic Control Company
Employment Application

Traffic Control Company is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on a basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.
**Personal Data:**

First Name: ___________________ Middle: ___________________ Last: ___________________

Street Address: ________________________________________________________________

City: ___________________ State: ___________________ Zip Code: ___________________

Home Telephone: ______________________________________________________________

SSN: ______________________________________________________________

Daytime Phone: ______________________________________________________________

Are you 18 years of age or older?  Yes ________  No ________

Race:  □ White    □ American Indian or Alaska Native
       □ Asian    □ African American
       □ Native Hawaiian or Other Pacific Islander
       □ Hispanic  □ I choose not to disclose this information.

**Position Preferences:**

How were you referred to Traffic Control? __________________________________________

What position are you applying for? ______________________________________________

Salary Desired: $_________________ per ____________(specify hour, week or year)

Schedule Desired: Full Time _________ Part Time _________ # Hours per week ________

Can you work overtime? Yes ________ No ________

What date are you available to start work? _________________________________________

Could you travel if required by this position? Yes _____ No _____ % of time ____________

Are you available to work nights?  Yes ________  No ________
**Education:**

**High School**

School Name: ________________________________________________________________

City and State: _____________________________________________________________

Degree or Number of years completed: _______________________________________

Major or Subject: ___________________ GPA: _________________________________

**College**

School Name: ______________________________________________________________

City and State: _____________________________________________________________

Degree or Number of years completed: _______________________________________

Major or Subject: ___________________ GPA: _________________________________

List any certificates earned or in-progress, and/or any additional training programs not included in your formal education.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
List any Professional Affiliations to which you belong:


Military Experience:

Have you ever been in the armed forces? Yes ____ No ____ Specialty: __________________________

Date entered: _______________ Discharge date: __________________________

List any awards or honors you received:


Miscellaneous Information:

Have you ever been convicted of a crime? Yes ______ No __________________________

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recent such offense(s) took place, sentence(s) imposed and type(s) of rehabilitation:


Have you had any amount of time lost from work during the past 3 years for any reason?

Yes ______ No ______

If yes, please provide dates and reason for loss of time:


Field positions with Traffic Control Company are labor intensive and have the following physical requirements:

1. Ability to stand and/or walk for up to 12 hours a day.
2. Ability to climb in and out via 2-3 step access of truck and machinery cabs.
3. Ability to lift up to 50 pounds.
4. Ability to operation equipment push-type application and removal equipment that can weigh up to 200 pounds.
5. Ability to bend over and stoop for purposes of measuring, project layout and product application.
6. Ability to climb up and down on a ladder to access equipment located on trucks.

Are you currently able to meet these requirements? Yes __________ No ______________ 

If no, provide and explanation:

______________________________________________________________________________
______________________________________________________________________________

Driving Information:

Do you have a driver’s license? Yes ________ No __________

Driver’s License #: __________________ State of Issue: _________________________________

Expiration Date: __________ Operator ________ Commercial (CDL) ______________

Can you drive a manual transmission vehicle? Yes __________ No ________________

Have you ever had your driver’s license suspended or revoked? If yes, please provide date, length of time, and explanation.

______________________________________________________________________________

Have you been in an accident or received a traffic violation in the last five years? If yes, please provide date and explanation.

______________________________________________________________________________
**Work Experience**

*List your current or most recent employment first (include work related internships).*

Current Employer: ____________________________

City and State: ____________________________ Telephone: ____________________________

Supervisor’s Name and Title: ____________________________

Position Title: ____________________________

Duties performed, skills used or learned:

________________________________________________________________________

________________________________________________________________________

Reason for Leaving: _________________________________________________________

Salary: ____________________________ per HOUR WEEK MONTH YEAR (circle one)

Dates of Employment: From _____________ To ____________________________

May we contact your employer? Yes _____ No ______

Previous Employer: ____________________________

City and State: ____________________________ Telephone: ____________________________

Supervisor’s Name and Title: ____________________________

Position Title: ____________________________

Duties performed, skills used or learned:

________________________________________________________________________

________________________________________________________________________

Reason for Leaving: _________________________________________________________

Salary: ____________________________ per HOUR WEEK MONTH YEAR (circle one)

Dates of Employment: From _____________ To ____________________________

May we contact your employer? Yes _____ No ______
Previous Employer: ________________________________

City and State: ____________________________ Telephone: ________________________________

Supervisor’s Name and Title: ________________________________

Position Title: ________________________________

Duties performed, skills used or learned:
________________________________________________________________________________
________________________________________________________________________________

Reason for Leaving: ________________________________

Salary: ____________________________ per HOUR WEEK MONTH YEAR (circle one)

Dates of Employment: From ____________ To ____________

May we contact your employer? Yes ______ No ______

________________________________________________________________________________

Professional References

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Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)
☐ NO, I DON’T HAVE A DISABILITY
☐ I DON’T WISH TO ANSWER

__________________________  _______________________
Your Name                  Today’s Date
Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

\[1 \text{ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.} \]

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.
Veterans Self-Identification Form

Section 1: Classification

I belong to the following classifications of protected veterans (choose all that apply):

☐ Disabled Veteran

☐ Recently Separated Veteran

☐ Active Wartime or Campaign Badge Veteran

☐ Armed Forces Service Medal Veteran

☐ I am NOT a veteran.

☐ I choose not to disclose this information.

Section 2: Veteran Status

☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

☐ I am NOT a protected veteran.

Section 3: Military Branch

☐ Army ☐ Navy ☐ Marine Corps ☐ Air Force ☐ Coast Guard ☐ National Guard

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

__________________________  __________________________
Name                      Date
Releases and Applicant’s Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, educations, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Traffic Control Company and/or any of their agents. This authorization and consent shall be valid in original, fax or copy form.

Signature: __________________________ Date: __________________________

All hiring and employment at Traffic Control Company is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Traffic Control Company has no specific term and may be terminated by the employee or by Traffic Control Company with or without notice. I acknowledge that Traffic Control Company has not made any promise or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Traffic Control Company. I understand that failure to provide this evidence will result in termination of my employment.

I release and agree to hold harmless any individual, company, business institution, or government agency from all liability with regard to furnishing information to Traffic Control Company. I agree to release and hold harmless Traffic Control Company from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Traffic Control Company may be terminated.

Signature: __________________________ Date: __________________________
Pre- Employment Drug Screening

As part of Traffic Control Company’s employment procedures and commitment to a safe, healthy, lawful and productive workplace and workforce, applicants will be required to undergo a pre-employment drug screening that is conducted by a vendor designated by Traffic Control Company. Any offer of employment that an applicant received from Traffic Control Company is contingent upon successful passing of this screening.

Applicants who attempt to alter, adulterate or substitute a specimen for purposes of screening will be deemed to have tested positive. Applicants testing positive will be removed from consideration for employment with Traffic Control Company for a period of at least twelve (12) months.

Traffic Control Company will do the scheduling of this screening. The applicant will pay the cost of the drug screening. Upon successful passing of this screening, Traffic Control Company will reimburse the applicant for the cost of the screening. Applicants, who test positive, attempt to alter, adulterate or substitute a specimen for purposes of screening will not have their screening fee reimbursed.

For additional information on testing, refer to the Traffic Control Company Substance Abuse Policy and DOT Drug Control Program.

Acknowledged,

Signature: ____________________________ Date: ____________________