



**TRAFFIC
CONTROL
COMPANY**
www.trafficcontrolcompany.com

601 8th St.
Valley Park, MO 63088
p. (636) 225-7800
f. (636) 225-3460

3019 East End Ave.
South Chicago Heights, IL 60411
p. (708) 501-6017
f. (708) 825-1264

Date of Application:	Date Available to Start:
Position Applied For:	Desired Salary:
How were you referred to Traffic Control Company?:	

APPLICANT INFORMATION

NAME (First, Middle, Last):	Cell Phone:
Current Address:	SSN:
City, State, Zip Code:	Email Address:
How Long Have You Been at This Address:	Are you legally authorized to work in the U.S.? YES NO

EDUCATION

Name & Location of School	Years Attended	Did You Graduate?	Area of Study and Degrees Acquired
High school:		YES NO	
College:		YES NO	
Other:		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.



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EMPLOYMENT EXPERIENCE for the past three (3) years.

Current/Last Employer		<i>May we contact this employer?</i>	YES	NO
Company Name:		Position:		
Reason for Leaving:		Dates Employed:		
City/State/Zip Code		Salary:		
		Company Phone #:		
Y	N	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?		
Y	N	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40?		

Previous Employer		<i>May we contact this employer?</i>	YES	NO
Company Name:		Position:		
Reason for Leaving:		Dates Employed:		
City/State/Zip Code		Salary:		
		Company Phone #:		
Y	N	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?		
Y	N	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40?		

Previous Employer		<i>May we contact this employer?</i>	YES	NO
Company Name:		Position:		
Reason for Leaving:		Dates Employed:		
City/State/Zip Code		Salary:		
		Company Phone #:		
Y	N	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?		
Y	N	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40?		



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MILITARY EXPERIENCE: If you have U.S. Military or Naval service, please provide the following:

Dates of Service: _____

Branch and Rank: _____

Present Membership in National Guard or Reserves: _____

REFERENCES

Please list at least one and not more than three professional references.

Full Name: _____

Relationship: _____

Company: _____

Phone No.: _____

Address: _____

Full Name: _____

Relationship: _____

Company: _____

Phone No.: _____

Address: _____

Full Name: _____

Relationship: _____

Company: _____

Phone No.: _____

Address: _____

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:

Will this be your only job? If no, please list other employer name and job duties:



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CERTIFICATIONS AND ACKNOWLEDGMENTS

Please read each statement closely and initial each on the line next to the title, acknowledging your understanding. If clarification is needed, please contact Human Resources.

_____ Equal Employment Opportunity Statement

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

_____ Discrimination and Sexual Harassment Policy Statement

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

_____ Disclosure to Applicants Concerning Drug/Alcohol Testing

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

_____ Complete and Accurate Information

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other



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document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

Testing Authorization

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Background Investigation Authorization

I authorize investigation into all statements and references contained in this application. Said investigation may include interviews with past employers, workers and friends. Said investigation may include credit, driving, criminal background, references and other background checks. As a condition of applying for this job, I authorize reasonable post-hire investigations into my credit, driving and criminal background.

Company Obligation

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

TO BE READ AND SIGNED BY APPLICANT

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.

Applicant's Signature

Date



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DRIVER BACKGROUND INQUIRY

Social Security #:	Date of birth:
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Residence for the past three (3) years

Address:	City, State, Zip Code:	How long here:

States and license numbers for all drivers licenses and permits

STATE	LICENSE #	EXPIRATION DATE	CLASS	ENDORSEMENTS

DRIVING EXPERIENCE

Equipment Class	Type of Equipment (Van, Flat, Tank, Etc.)	DATES		Approximate # of miles TOTAL
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past three (3) years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries



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Signature:

Date:

Moving Traffic Conviction and Forfeitures for the past three (3) years:

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Y	N
If YES, please explain:		
Has any license, permit or privilege ever been revoked?	Y	N
If YES, please explain:		
The company requires all employees who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver's License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such testing?	Y	N

TO BE READ AND SIGNED BY APPLICANT

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. I understand that the information in this application will be used and that prior employers may be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date



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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 _____

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 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: _____



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Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Page 1 of 2

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



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Voluntary Self-Identification of Disability, Cont.

Form CC-305
OMB Control Number 1250-0005
Page 2 of 2

Reasonable Accommodation Notice

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.

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 should take about 5 minutes to complete.

Signature: _____ **Date:** _____



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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.

Signature _____ Date _____



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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:** _____



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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.

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

NAME: _____ DATE: _____



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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: _____



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NOTICE – BACKGROUND INVESTIGATION

In connection with your employment application with Traffic Control Company (“Requestor”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, social security verification, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting Requestor and Peopletrail, LLC at 65 E. Wadsworth Park Drive, Suite 102 Draper, Utah 84020– Phone: 801-307-4100. For information about Peopletrail’s privacy practices see <https://peopletrail.com/>. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Requestor to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing. The Requestor also reserves the right to share background investigation results with any third-party companies for whom you will be placed to work as a representative of the Requestor.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I acknowledge receipt of above Notice – Background Investigation and a copy of the federal notice entitled, “A Summary of Your Rights Under The Fair Credit Reporting Act” and certify that I have read both documents. I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Requestor at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: _____ Date: _____

Print Name: _____ Last Four Digits of SSN: _____