

TRAFFIC CONTROL SERVICES, INC.

EMPLOYMENT APPLICATION

PLEASE PRINT

DATE _____

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application for interview.

APPLICATION DATA:

POSITION APPLIED FOR:

Full Name: _____
LAST FIRST MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell/Beeper/Other Phone: _____ E-Mail: _____

Date available to start: _____ Social Security # _____ Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? _____ Yes _____ No

If no, please explain: _____

Have you ever worked for this company? _____ Yes _____ No If yes, when? _____

Are you a citizen of the United States? _____ Yes _____ No If not, are you legally allowed to work in the US _____

Type of employment desired: _____ Full-time _____ Part-time _____ Temporary _____ Seasonal

Have you ever pled "guilty", "no contest," or been convicted of a crime? _____ Yes _____ No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: _____ State: _____

Who referred you to us? _____

EDUCATION:

High School: _____ Address: _____

Of Years Completed: _____ Did you graduate? _____ Yes _____ No

GPA: _____ Class Rank: _____

College/University: _____ Address: _____

#of Years Completed: _____ Did you graduate? _____ Yes _____ No Degree _____

Major: _____ GPA: _____ Class Rank: _____

Other: _____ Address: _____

Of Years Completed: _____ Did you graduate? _____ Yes _____ No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

REFERNECES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed.

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (Began with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Firm: _____ Address: _____
Phone: () _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____
May we contact this employer for a reference? ___ Yes ___ No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Firm: _____ Address: _____
Phone: () _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____
May we contact this employer for a reference? ___ Yes ___ No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Firm: _____ Address: _____
Phone: () _____ Supervisor: _____ Title: _____
Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____
May we contact this employer for a reference? ___ Yes ___ No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ **Date:** _____