



EMPLOYMENT APPLICATION

Location: _____

Date: ___/___/___

Social Security # _____ - _____ - _____

Birthdate: _____

Name: _____
(Last, First, Middle)

Address: _____
(No. Street/City/State/Zip)

Telephone: (____) _____ - _____

E-Mail Address: _____

Are you 18 years of age or older? Yes No

Are you a citizen of the United States? Yes No

If Hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

EDUCATION

Type	Name/ Location	Course of Study	# Years Completed	Degree/ Diploma
Elementary & Jr. High				
High School				
College				
Technical or Other				

EMPLOYMENT RECORD (Please list Most Recent Employer First)

Company Name and Address	Kind of Work	Date: Started/Left	Rate of Pay	Reason for Leaving

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U.S MILITARY SERVICE

Branch of Service: _____

From ____/____/____ to ____/____/____

Rank and Type of Service: _____

Training/Experience Received: _____

EQUIPMENT QUALIFIED TO OPERATE

	Equipment Type	Where	Years Experience
1.			
2.			
3.			
4.			
5.			

EMPLOYMENT

Type of Work Desired _____ Salary Desired _____

How Were You Referred To Our Organization? _____

Do you have and relatives who are employed by Work Zone Traffic Control, Inc.? Yes No

Please Specify: _____

Is there any information we would need to know about your name, or use of another name, for us to be able to check your work record? Yes No

Please Specify: _____

Other than for traffic violations, have you ever been convicted of a crime? Yes No

If Yes, please provide details...

Please list any physical limitations, if any.

Please include any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc. Do not include any information which would denote race, color, sex, age, national origin, disability, ancestry, religious or political affiliation.

APPLICANT’S STATEMENT

I understand that Work Zone Traffic Control, Inc. follows an “employment at will” policy, in that I or WZTCI may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of WZTCI.

I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity, failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that WZTCI will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them all liability for damage in providing this information. I also understand that I may be required to submit to and pass a substance abuse test as a condition of employment.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: ____/____/____

COMPANY USE ONLY

Position Interviewed For	Location	Interviewer	Date
			/ /
			/ /
			/ /
			/ /

Position Title Hired For: _____	Location: _____
Starting Date: ____/____/____	Supervisor's Name & Title _____
Hiring Rate: _____	Level: _____ Step: _____