

**TRAFFIC CONTROL DEVICES, INC.**  
AN EQUAL OPPORTUNITY EMPLOYER

**APPLICATION for EMPLOYMENT**

**\*\*PLEASE PRINT\*\***

Position(s) Applied For: \_\_\_\_\_ Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Employee \_\_\_\_\_ Walk-in  
\_\_\_\_\_ Relative \_\_\_\_\_ Employment Agency  
\_\_\_\_\_ Other Name Source \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Last First Middle  
Street City State Zip Code

Home Telephone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Area Code

Where may we contact you? Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Time? am / pm

Have you applied here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If so what date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you have been employed here before, When? From \_\_\_\_ / \_\_\_\_ / \_\_\_\_, To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you legally eligible for employment in this country? ..... Yes \_\_\_\_ No \_\_\_\_  
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Type of employment desired ? \_\_\_\_\_ Full \_\_\_\_\_ Part \_\_\_\_\_ Shift \_\_\_\_\_ Temp

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Will you work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you relocate if job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No Will you travel? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to meet the attendance requirements of the position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been bonded?..... \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony in the past seven years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Such conviction may be relevant if job related, but does not restrict you from employment.)

If Yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

# EMPLOYMENT HISTORY

List your last three (3) employers or assignments, starting with the most recent, including military experience.

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Employer	Telephone (    )    -	<u>Dates Employed</u> From    To	Summarize work performed and job responsibilities.
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Address \_\_\_\_\_

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Job Title	<u>Hourly Rate/Salary</u> Starting
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Immediate Supervisor and Title	\$    Per
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Reason for Leaving	<u>Hourly Rate/Salary</u> Final
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May we contact for reference? _____ Yes _____ No _____ Later	\$    Per
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Employer	Telephone (    )    -	<u>Dates Employed</u> From    To	Summarize work performed and job responsibilities.
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Address \_\_\_\_\_

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Job Title	<u>Hourly Rate/Salary</u> Starting
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Immediate Supervisor and Title	\$    Per
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Reason for Leaving	<u>Hourly Rate/Salary</u> Final
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May we contact for reference? _____ Yes _____ No _____ Later	\$    Per
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Employer	Telephone (    )    -	<u>Dates Employed</u> From    To	Summarize work performed and job responsibilities.
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Address \_\_\_\_\_

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Job Title	<u>Hourly Rate/Salary</u> Starting
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Immediate Supervisor and Title	\$    Per
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Reason for Leaving	<u>Hourly Rate/Salary</u> Final
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May we contact for reference? _____ Yes _____ No _____ Later	
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## SKILLS and QUALIFICATIONS

Summarize special skills and qualifications you may have acquired from previous employment or other experiences that may qualify you to work with our company. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES (Interviewer is responsible for contacting references)**

List three **business/work** references who are **not related** to you and are **not previous** supervisors. If not applicable, list three personal references.

Name	Telephone	Years Known	Date verified
			(Company Use)
_____	( _____ ) - _____	_____	_____
_____	( _____ ) - _____	_____	_____
_____	( _____ ) - _____	_____	_____

**EDUCATIONAL BACKGROUND**

A. List the last three (3) schools attended (most recent first). B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Major field of study. E. Minor field of study (if applicable).

A. <u>School</u>	B. <u>Years Completed</u>	C. <u>Degree</u>	D. <u>Major</u>	E. <u>Minor</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any foreign language(s) and check on the line under the description that best describes your level.

Language	Read and Write	Read and Speak	Read only	Speak Only
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any additional information you would like us to consider.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**It is understood and agreed upon** that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer’s service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional informational information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

**The Employer is an Equal Opportunity Employer.** The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state, or federal law.

**This application is current for only 60 days.** At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

**I recognize and accept as a term of hire a 90-day Probationary Period with TRAFFIC CONTROL DEVICES, INC. I further understand that if my job performance is unacceptable, I may be terminated at any time during that period.**

**Signature of Applicant** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# VOLUNTARY AFFIRMATIVE ACTION INFORMATION

**Traffic Control Devices, Inc.** considers applicants for all positions without regard to age, color, disability, national origin, race, religion, veteran status or any other legally protected status.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Position(s) applied for \_\_\_\_\_

Referral Source:

\_\_\_\_ Advertisement \_\_\_\_ Employee \_\_\_\_ Walk-in \_\_\_\_ Relative \_\_\_\_ Employment Agency

\_\_\_\_ Other Name of Source (if applicable) \_\_\_\_\_

Applicants Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZipCode

**We comply with government regulations including Affirmative Action.**

**In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this survey.**

**Please be advised that this survey is not part of your official application. It is considered confidential information that will not be used for hiring.**

Check one: ..... \_\_\_\_ Male \_\_\_\_ Female

Check one of the following Race/Ethnic Group:

\_\_\_\_ American Indian/Alaskan Native \_\_\_\_ Asian \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ White

**SPECIAL NOTICE TO VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:**

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information is considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

**IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK APPLICABLE STATUS:**

\_\_\_\_ VIETNAM ERA VETERAN \_\_\_\_ DISABLED VETERAN \_\_\_\_ DISABLED INDIVIDUAL

To be completed by applicant – **NOT FOR INTERVIEW PURPOSES** – To be filed separately from application. This information is used solely to satisfy Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by other Federal Laws.

(INSERT)