# EMPLOYMENT APPLICATION

**THIS COMPANY DRUG TESTS**

METRO TRAFFIC CONTROL, LLC. is an equal opportunity employer and employment with the company is on an "at will" basis.
If you would like a Spanish version of this application please ask.

(Please Print)

| Last Name | First Name | Middle Name |
|---|---|---|
| | | |

| Address | Number | Street | City | State | Zip Code |
|---|---|---|---|---|---|
| | | | | | |

| Telephone Number(s) | Social Security Number |
|---|---|
| | |

| Desired Position and Salary | Date of Application |
|---|---|
| | |

How Did You Learn About Us?

_____

Have applied with us before?

Y N If yes, give date _____

Have you ever been employed by us?

Y N If yes, give date _____

On what date would you be available to work?

_____

What hours are you available?

Full Time Part Time

Shift Work Temporary

Are you currently employed? Y N

May we contact your present employer? Y N

If you are under 18 years of age, can you provide required proof of your eligibility to work? Y N

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Y N

Are you currently on "layoff" status and subject to recall? Y N

Do you have reliable transportation? Y N

Have you been convicted of a felony within the past 7 years? Y N

Conviction will not necessarily disqualify an applicant from employment.

Indicate education institutions attended, where degrees/certificates were received and the number of years completed:

_____ _____
_____ _____
_____ _____

Please indicate any foreign languages you can speak, read and/or write. Circle your fluency level.

_____ _____ _____
Fluent Good Fair Fluent Good Fair Fluent Good Fair

Describe any specialized training, apprenticeship, skills or job related training:

_____
_____

Do you have any previous military training with the United States military? Y N
If yes, please explain_____

Please list all of your previous employers, starting with the most recent. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. The employers provided on this sheet can be used as contacts for job references.

| Employer | Job Title | Dates Employed:<br>From_____ To _____ |
|---|---|---|
| Address | Supervisor | Hourly Rate/Salary:<br>Start _____ Finish_____ |
| Telephone Number | Job Description: | |
| Reason for leaving last job: | | |

| Employer | Job Title | Dates Employed:<br>From_____ To _____ |
|---|---|---|
| Address | Supervisor | Hourly Rate/Salary:<br>Start _____ Finish_____ |
| Telephone Number | Job Description: | |

| Reason for leaving last job: |
|---|

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| Telephone Number | Job Description: | |
| Reason for leaving last job: | | |

Please list any additional information or qualifications you feel may be helpful to us in considering your application

| For Personnel Department Use Only |
|---|

Arrange Interview YES NO

Employed YES NO

Remarks_____

_____

_____

_____

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

Department _____

Authorization Signature _____ Date _____

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
I hereby understand and acknowledge that, unless otherwise defined by law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employers.
It is company policy, as stated in the handbook that drug testing is required for employment.

Signature of Applicant _____

Date_____

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**Note to Applicants**: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

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| --- |
| Position(s) Applied for is Open : YES NO<br>Position(s) Considered for: _____<br>_____<br>_____ |

# MVR RELEASE CONSENT FORM

In conjunction with my potential employment at _____

("the company"), I _____(applicant) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act..

Signed (applicant)_____

Date:_____

Drivers' License Number:_____State:_____

# Applicant Data Record
## METRO TRAFFIC CONTROL, LLC

Applicants and employees are considered for all positions and will not be subjected to adverse treatment with regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the application for employment.

Please Print

Date: _____

Position(s) applied for: _____

Referral Source (check one): ___Advertisement ___Friend ___Relative ___Employment Agency
___Walk-In ___Other _____

### Affirmative Action Survey

Government agencies require periodic reports specifying the gender, ethnicity, identity of individuals with Disabilities, and the Veterans status of applicants. This data is for analysis and affirmative action only.

### Submission of Information is Voluntary

Gender (check one) ___Female ___Male

Race/Ethnic Group (check one) ___Asian/Pacific Islander ___Black ___Caucasian
___Hispanic ___Native American/Alaskan Native
___Two or more races

___Decline to Respond

Name: _____
Last First Middle