



**TRAFFIC  
CONTROL  
COMPANY**

www.trafficcontrolcompany.com

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Valley Park, MO 63088  
p. (636) 225-7800  
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f. (708) 825-1264

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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.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **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 cooperate with co-workers.
- ✔ 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: \_\_\_\_\_**



# **Traffic Control Company Employment Application**

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.

**Personal Data:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

SSN: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Are you 18 years of age or older? 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.

**Position Preferences:**

How were you referred to Traffic Control? \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_ (specify hour, week or year)

Schedule Desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ # Hours per week \_\_\_\_\_

Can you work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

Could you travel if required by this position? Yes \_\_\_\_\_ No \_\_\_\_\_ % of time \_\_\_\_\_

Are you available to work nights? Yes \_\_\_\_\_ No \_\_\_\_\_

**Education:**

**High School**

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

City and State: \_\_\_\_\_

Degree or Number of years completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_ GPA: \_\_\_\_\_

**College**

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

City and State: \_\_\_\_\_

Degree or Number of years completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_ GPA: \_\_\_\_\_

*List any certificates earned or in-progress, and/or any additional training programs not included in your formal education.*

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List any Professional Affiliations to which you belong:

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**Military Experience:**

Have you ever been in the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_ Specialty: \_\_\_\_\_

Date entered: \_\_\_\_\_ Discharge date: \_\_\_\_\_

List any awards or honors you received:

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**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:

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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:

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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 \_\_\_\_\_

If no, provide an explanation:

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### ***Driving Information:***

Do you have a driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Operator \_\_\_\_\_ Commercial (CDL) \_\_\_\_\_

Can you drive a manual transmission vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had your driver's license suspended or revoked? If yes, please provide date, length of time, and explanation.

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Have you been in an accident or received a traffic violation in the last five years? If yes, please provide date and explanation.

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## ***Work Experience***

*List your current or most recent employment first (include work related internships).*

Current Employer: \_\_\_\_\_

City and State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Duties performed, skills used or learned:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per HOUR WEEK MONTH YEAR (circle one)

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Employer: \_\_\_\_\_

City and State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Duties performed, skills used or learned:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per HOUR WEEK MONTH YEAR (circle one)

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_



Previous Employer: \_\_\_\_\_

City and State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Duties performed, skills used or learned:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per HOUR WEEK MONTH YEAR (circle one)

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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## ***Professional References***

Name	Title	Company	Phone	Relation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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.<sup>1</sup> 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- 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

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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.

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<sup>i</sup> 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](http://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 survey should take about 5 minutes to complete.



# 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.

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Name

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Date



### **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: \_\_\_\_\_



## **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: \_\_\_\_\_