

FINGER LAKES TRAFFIC CONTROL, L.L.C.

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Position Applied for	Desired Salary	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you committed a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:			
Car ownership is a job requirement. Will reliable transportation be an issue? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:			
Overtime is a job requirement. When overtime is required, will transportation be a problem? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:			
Do you have any flagging or traffic control experience? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:			
Do you have your ASSTA Certification? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, date attained:			
Do you have your OSHA 10 Hour Certification? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, date attained:			

EDUCATION			
High School		Address	
	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College		Address	
	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other		Address	
	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment, I also agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.</p>	
Signature	Date