



COMMUNITY TRAFFIC CONTROL, LLC

Employment Application

DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long at current address _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

Are you under age 18 ____ YES ____ NO, if "YES", can you provide proof of your eligibility to work? ____ YES ____ NO

Are you currently authorized to work in the United States? ____ YES ____ NO. Proof of eligibility will be required if hired.

Position applied for (1) _____ Days/Hours of availability _____

Wage desired (2) _____

Employment desired FULL-TIME ONLY PART-TIME ONLY TEMPORARY/CONTRACT

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Employee Referral? Name _____

Please Provide Three References:

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><i>NAME</i></td> <td style="width: 35%;"><i>ADDRESS/PHONE</i></td> <td style="width: 30%;"><i>OCCUPATION</i></td> <td style="width: 10%;"><i># OF YEARS KNOWN</i></td> </tr> </table>	<i>NAME</i>	<i>ADDRESS/PHONE</i>	<i>OCCUPATION</i>	<i># OF YEARS KNOWN</i>
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Work Experience

Please list your work experience for the beginning with your most recent job held.
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer : Address: City, State, Zip Code: Phone number:	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific):

Name of employer : Address: City, State, Zip Code: Phone number:	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
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	Your last job title		

Reason for leaving (be specific):

May we contact your present employer? Yes No

Do you have a valid driver's license? Yes No

State you are licensed to drive in: _____

PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Community Traffic Control, LLC is a drug free workplace.

Thank you for completing this application form and for your interest in our business.

Applicant Signature

Print

Date

**Please return your completed application and motor vehicle record release to
Community Traffic Control, LLC in one of the following ways:**

**Mail or In Person:
Community Traffic Control, LLC
4701 West Mill Road
Milwaukee, WI 53218**

Fax: 414.353.9102

Email: cebsllc@sbcglobal.net

Motor Vehicle Record Release

To: Wisconsin Department of Transportation

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my prospective employer and its insurance agent, whose names and addresses are as follows:

Prospective Employer: Community Traffic Control, LLC
4701 West Mill Road
Milwaukee, WI 53218

Insurance Agent: Robertson Ryan & Associates, Inc.
330 East Kilbourn Avenue
Milwaukee, WI 53202
Fax: 414.271.0196

The authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

Signature: _____ Date: _____

Full Name: _____

Address: _____

Drivers License #: _____ State: _____

Date of Birth: _____