



APPLICATION FOR EMPLOYMENT

GridLock Traffic Systems, Inc. is an Equal Opportunity/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, color, sex, sexual orientation, gender identity, religion, national or ethnic origin, disability, age, or veteran status.

Position Sought: _____

How did you learn about the position? _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? [] Yes [] No

If selected for employment, are you willing to obtain a chauffeurs or CDL-A (air brakes/combo) license? [] Yes [] No

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

EDUCATION

High School & College Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT (Most Recent First.)

1. Employer _____ Job Title _____

Dates Employed _____ to _____ Salary _____

Supervisor Name _____ Phone _____

Duties Performed _____

Reason for Leaving _____

2. Employer _____ Job Title _____

Dates Employed _____ to _____ Salary _____

Supervisor Name _____ Phone _____

Duties Performed _____

Reason for Leaving _____

EMPLOYMENT (Most Recent First.)**(continued from Page 1)**

3. Employer _____ Job Title _____

Dates Employed _____ to _____ Salary _____

Supervisor Name _____ Phone _____

Duties Performed _____

Reason for Leaving _____

4. Employer _____ Job Title _____

Dates Employed _____ to _____ Salary _____

Supervisor Name _____ Phone _____

Duties Performed _____

Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

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 90 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 applicable 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 employer.

Signature of Applicant_____
Date

DO NOT WRITE BELOW THIS LINE

Employer Remarks:
