

ADA Traffic Control, Ltd.

P.O. Box 67
Bridgewater, VT 05034
Phone: 802-672-5143
Fax: 802-672-3244

336 Union Street
Newport, VT 05855
Phone: 802-334-5326
Fax: 802-334-1610

ADA Traffic Control, Ltd. is an equal opportunity employer. Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.

Application for Employment

Please print neatly or type the application.

Applicant Information

Name: _____ Social Security No:* _____
Last First Middle
Mailing Address: _____ Home Phone _____
Street, P.O. Box
Work Phone _____
City State Zip

*Strict confidentiality of Social Security Number will be maintained.

Position for which you are applying: _____

Agency where position is posted: _____

Will you accept employment anywhere in the State? Yes _____ No _____ If "NO" please explain which three counties you would work in: _____

DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE U.S.? Yes _____ No _____

Have you been employed by ADA Traffic Control, Ltd. before? Yes ___ No ___ If yes, when? _____

In what position? _____ What was your reason for leaving? _____

IF YOU HAVE EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) THAT HAS NOT BEEN OFFICIALLY ANNULLED BY A COURT, YOU **MUST** COMPLETE THE FOLLOWING SECTION, GIVING THE DATE, LOCATION AND NATURE OF THE FELONY OR MISDEMEANOR CONVICTION.

IF YOU LEAVE THIS SPACE BLANK, YOU ARE CERTIFYING THAT YOU HAVE NO CURRENT RECORD OF CONVICTION.

Please note: Conviction is not an automatic disqualifier for employment. Each case is considered individually. WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION.

LICENSES AND CERTIFICATION

Please list any license or special certification that you hold, specifying license/certificate number and date of expiration:

CDL # _____ Class _____ Expires _____ / _____ / _____
Drivers License # _____ Expires _____ / _____ / _____
Other: _____ Expires _____ / _____ / _____

(Unless otherwise prohibited by law, please include with your application a photocopy of any license or certificate.)

EDUCATION

Please circle the highest school grade completed: 8 9 10 11 12 or GED College

Are there any specialized courses you have taken that you want to be considered in reviewing this application? Please explain:

EXPERIENCE – WORK HISTORY

In the sections below, please describe your experience/work history (including pertinent volunteer experience, beginning with your current or most recent position. *You should emphasize work experience most pertinent to the position for which you are applying.* If more space is needed, please attach additional sheets.

1. Employer: _____ Tel () _____
Address: _____ City _____ State _____ Zip _____
Job Title: _____ Job Duties: _____
Supervisor Name and Title: _____ Dates of Employment: From _____ To _____
Pay per hour: _____ Hours per week: _____ Reason For Leaving: _____
May we contact this employer? Yes No

2. Employer: _____ Tel () _____
Address: _____ City _____ State _____ Zip _____
Job Title: _____ Job Duties: _____
Supervisor Name and Title: _____ Dates of Employment: From _____ To _____
Pay per hour: _____ Hours per week: _____ Reason For Leaving: _____
May we contact this employer? Yes No

3. Employer: _____ Tel () _____

Address: _____ City _____ State _____ Zip _____

Job Title: _____ Job Duties: _____

Supervisor Name and Title: _____ Dates of Employment: From _____ To _____

Pay per hour: _____ Hours per week: _____ Reason For Leaving: _____

May we contact this employer? Yes No

I understand that in order for my application to be considered, the Affirmation below must be completed.

I certify that the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this State, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statements and answers to questions herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and disclosure, my services may be immediately terminated.

SIGNATURE OF APPLICANT: _____ DATE OF APPLICATION: _____

RECRUITMENT/EMPLOYMENT SURVEY

Please complete the following to assist in our recruitment efforts.

I learned of this career opportunity through:

- _____ Private Employment Agency
- _____ Newspaper Advertisement (name) _____
- _____ VT Dept. of Employment & Training (location) _____
- _____ N.H. Employment Security (location) _____
- _____ Employee Referral (Name) _____
- _____ Other (please explain) _____

For Office Use Only

Reviewed By: _____

Accepted / Rejected Date: _____

Reason _____

UNLESS OTHERWISE SPECIFIED, APPLICATIONS SHOULD BE RETURNED TO:

ADA TRAFFIC CONTROL, LTD.
P.O. BOX 67
BRIDGEWATER, VT 05034
Fax 802-672-3244
Phone 802-672-5143

Essential Job Functions:

- Must be able to lift twenty pounds (sign and pole).
- Must have dexterous use of both hands.
- Must be able to work outside in wet and cold (below freezing), and extremely hot temperatures.
- Must be able to read and write.
- Must have good corrected vision.
- Must be able to stand for long periods of time.

Are you capable of performing the above job functions with or without reasonable accommodations? Yes No

Please read and understand this statement before signing your application:

The information I have provided in this application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, that I have provided to verify the accuracy of information I disclosed in this application. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organization who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time with or without cause and without prior notice unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date: _____

Signature: _____