

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the company.



| | | | |
|-----------------|-------------------|-------|----------------|
| APPLICANT NAME: | | DATE: | |
| ADDRESS | | CITY | STATE |
| TELEPHONE # | SOCIAL SECURITY # | | DATE AVAILABLE |

DO YOU HAVE A CURRENT DRIVERS LICENSE? YES NO

DRIVER LICENSE NUMBER AND STATE _____

HAVE YOU EVER BEEN EMPLOYED BY ROAD WORK AHEAD? YES NO

CAN YOU SUBMIT PROOF OF LEGAL EMPLOYMENT AUTHORIZATION AND IDENTITY? YES NO

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

ARE YOU CURRENTLY A CERTIFIED FLAGGER? YES NO

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 7 YEARS? YES NO

CAN YOU STAND FOR 10 + HOURS AND LIFT MORE THAN 60LBS REPEATEDLY? YES NO

IF YOU HAVE BEEN CONVICTED, PLEASE EXPLAIN. (A CONVICTION DOES NOT AUTOMATICALLY BAR EMPLOYMENT)

EDUCATIONAL HISTORY

LIST SCHOOL NAME, LOCATION AND ANY DEGREES EARNED

HIGH SCHOOL

COLLEGE

TECHNICAL TRAINING

OTHER

OTHER SKILLS AND QUALIFICATIONS

SUMMARIZE ANY JOB-RELATED TRAINING, SKILLS, LICENSES AND/OR CERTIFICATIONS

CONTINUED ON BACK

APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY

PLEASE PROVIDE EMPLOYMENT HISTORY FOR YOUR PAST TWO JOBS STARTING WITH THE MOST RECENT

| | | | |
|---------------------------|-----|---------------|--------|
| EMPLOYER | | POSITION HELD | |
| ADDRESS | | TELEPHONE# | |
| SUPERVISOR NAME AND TITLE | | | |
| DATES EMPLOYED | TO: | FROM: | SALARY |
| JOB SUMMARY | | | |
| REASON FOR LEAVING | | | |

| | | | |
|---------------------------|-----|---------------|--------|
| EMPLOYER | | POSITION HELD | |
| ADDRESS | | TELEPHONE# | |
| SUPERVISOR NAME AND TITLE | | | |
| DATES EMPLOYED | TO: | FROM: | SALARY |
| JOB SUMMARY | | | |
| REASON FOR LEAVING | | | |

I HEREBY AUTHORIZE ROAD WORK AHEAD TO CONTACT, OBTAIN AND VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION FROM ALL PREVIOUS EMPLOYERS AND EDUCATIONAL INSTITUTIONS. I ALSO HEREBY RELEASE FROM LIABILITY ROAD WORK AHEAD AND ITS REPRESENTIVIES FOR SEEKING, GATHERING AND USING SUCH INFORMATION TO MAKE EMPLOYMENT DECESIONS 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 UNDERSTAND 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 STATE OR FEDERAL LAW.

I UNDERSTAND THAT IT IS THE POLICY OF ROAD WORK AHEAD TO NOT REFUSE TO HIRE OR OTHERWISE DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSONS NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM EMPLOYED I WILL BE REQUIRED TO PROVIDE SATISFACTORY PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION WITHIN THREE DAYS OF BEING HIRED. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME SHALL RESULT RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING, AND THAT I SEEK EMPLOYMENT UNDER THESE CONDITIONS.

| | |
|---------------------|------|
| APPLICANT SIGNATURE | DATE |
|---------------------|------|

APPLICATION FOR EMPLOYMENT

Road Work Ahead is committed to providing equal opportunity in all employment related activities without regard to race, color, religion, sex, national origin, age, disability, or veterans status. Road Work Ahead recognizes it's affirmative action responsibilities with respect to women, minorities, individuals with disabilities, and eligible veterans. As a federal government contractor Road Work Ahead is required to collect and report the following information to Federal and State agencies. **Responses to this form are considered voluntary and the information you provide will be kept confidential and separate from your application for employment. Your cooperation is appreciated.**

| | |
|---------------------|---|
| GENERAL INFORMATION | NAME: _____ |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Social Security Number: _____ |
| | Referral Source: _____ |

| | |
|------------|---|
| DISABILITY | <input type="checkbox"/> I choose to be identified as an individual with a disability because I have a record of, or am regarded as having a physical or mental impairment that substantially limits one or more of my major life activities. |
|------------|---|

| | |
|---|---|
| RACE/ETHNIC CLASSIFICATION-CHECK ALL THAT APPLY | <input type="checkbox"/> WHITE: A person having origins in any peoples of Europe, North Africa, or the Middle East |
| | <input type="checkbox"/> BLACK: A person having origins in any of the black racial groups of Africa |
| | <input type="checkbox"/> HISPANIC/LATINO: A person having origins of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin |
| | <input type="checkbox"/> ASIAN/PACIFIC ISLANDER: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa |
| | <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE: A person having origins in any of the original peoples of North America |

| | |
|--|--|
| VETERANS/RESERVIST STATUS-CHECK ALL THAT APPLY | <input type="checkbox"/> DISABLED VETERAN: I have a disability that entitles me to Veterans' Administration disability compensation or was discharged or released from active military duty because of a disability incurred or aggravated in the line of duty |
| | <input type="checkbox"/> ARMED FORCES SERVICE MEDAL VETERAN: I served in the military ground, naval or air service of the United States and participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985 |
| | <input type="checkbox"/> RECENTLY SEPERATED VETERAN: I served on active duty in the U.S. military ground, naval, or air service and was discharged or released from active duty within the past 36 months |
| | <input type="checkbox"/> OTHER PROTECTED VETERAN: I served in the military ground, naval, or air service of the United States on active duty during a war, or in a campaign, or expedition for which a campaign badge has been authorized, other then a disabled veteran, Armed Forces Service Medal veteran, or recently separated veteran |
| | <input type="checkbox"/> ACTIVE RESERVIST |
| | <input type="checkbox"/> INACTIVE RESERVIST |
| | <input type="checkbox"/> NONE OF THE ABOVE |

SIGNATURE _____

DATE _____

This information will not be shared with any other source, and will only be used for data collection purposes.