

**AT WILL EMPLOYMENT**

Employment at Coastal Traffic Systems Inc. is "at will" Employment can be Terminated by either party at any time and for any reason. This includes termination Without cause, and with or without notice.

Any oral statements, promises or assurances to the contrary are not binding by the Company and should not be relied upon by employees or job applicant. If you believe any such assurance have been made, please contact the General manager for confirmation. The Company is not responsible for, and will not be bound by, any statements that are not reaffirmed in writing by the administration Staff.

Statements in the employment application, the handbook, training manuals, or other Company documents do not constitutes or imply an employment contract and should Not be relied upon by employees or job applicants under any circumstances as assuring Continued employment superseding the Company's "at will" employment policy

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



**APPLICATION FOR EMPLOYMENT**  
( Please Print Clearly)

**To Applicants:** We appreciate your interest in employment at CTS. CTS is an equal opportunity Employer and does not discriminate because of race, religion color, age, ethnic or national origin, Veteran's status or physical handicaps.

Do to the nature of the business all applicants will be required to maintain a driving record of good status. An MVR (Motor Vehicle Report) will be requested prior to your employment. Please be aware that your wet signature above constitutes as your consent for CTS to acquire your MVR.

**PLEASE ANSWER ALL QUESTIONS**



**AT-WILL EMPLOYMENT APPLICATION**  
(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal laws. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. Employment may be contingent upon the successful completion of the medical examination, which may include body substance samples. This application will remain active for 180 days.

**PERSONAL INFORMATION**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please list below your current address and your two other most recent addresses:**

Current Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Since (Mo/Yr) \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Since (Mo/Yr) \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Since (Mo/Yr) \_\_\_\_\_

**EDUCATION**

High School Attended: \_\_\_\_\_ City, County, State \_\_\_\_\_ Graduated? Yes  No

	<u>City, State</u>	<u>Area of Study</u>	<u>Degree/Certification/Diploma</u>
Undergraduate College Attended	_____	_____	_____
Graduate School	_____	_____	_____
Trade, Business or other School	_____	_____	_____

**EMPLOYMENT INFORMATION**

Position applied for: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

**Please answer all of the following questions, When necessary, note question number and use an extra sheet of paper to provide explanations.**

- Yes  No**  Are you least 18 years of age and legally able to work in the United States?
- Yes  No**  Will you work overtime when necessary?
- Yes  No**  Have you received a description of the job or been made aware of the essential functions of the job you are applying for?
- Yes  No**  Do you understand the job requirements?  
**If no, please explain** \_\_\_\_\_
- Yes  No**  Are you on layoff and subject to recall?
- Yes  No**  Are you currently bound by a non competition or trade secret agreement?  
**If yes, please explain** \_\_\_\_\_
- Yes  No**  Have you ever been discharged or asked to resign from a job?  
**If yes, please explain** \_\_\_\_\_
- Yes  No**  Have you ever been convicted of or pled guilty to a felony or other crime?  
**If yes, please explain** \_\_\_\_\_

**EMPLOYMENT INFORMATION**

**MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes  No**

Please list below your last three employers beginning with the most recent.

Most Recent Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Date (From/To): \_\_\_\_\_ Pay Rate Upon Leaving: \$ \_\_\_\_\_ Supervision: \_\_\_\_\_

Duties: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

**AT-WILL EMPLOYMENT APPLICATION (Continued)**

Next Most Recent Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Dates (From/To): \_\_\_\_\_ Pay Rate Upon Rating: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Next Most Recent Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Dates (From/To): \_\_\_\_\_ Pay Rate Upon Rating: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

**JOB RELATED SKILLS**

Please answer all of the following questions. When necessary, note question number and use an extra sheet of paper to provide explanations.

1. Yes\_\_\_ No\_\_\_ Do you have a valid drivers license?  
If yes: Driver Lic. # \_\_\_\_\_ Date Issue: \_\_\_\_\_
2. Yes\_\_\_ No\_\_\_ Have you ever been convicted of or pled guilty to any traffic-related offense within the past five years?
3. Yes\_\_\_ No\_\_\_ Have you had your driver license suspended or revoked or had your driving privileges modified by a court of law.
4. Please list all states from which you hold, or have held a driver's license.

Please use this space to list any special skills you may have that relate to the position applied for:

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization and any other relevant information.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**APPLICANT'S CERTIFICATION AGREEMENT**

1. I authorize the investigation of all statements contained in this application and release from all liability any person or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of m knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. I **ALSO UNDERSTAND THAT, IF I HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with immigration Reform and Control Act of 1986.
5. I have read and reviewed the information provided in this application (Pages 1 and 2) and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and accurately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with Coastal Traffic Systems, Inc., I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

**I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to United Valley Insurance Agency or its agent.**

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. Coastal Traffic Systems, Inc.'s commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.

\_\_\_\_\_  
**Full Legal Name (include middle initial)**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Driver's License Number**

\_\_\_\_\_  
**State of Issuance**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**