



TRAFFIC SAFETY RENTALS

979 West 24th Street
Ogden, UT 84401
Office 801-627-1970
Fax 801-627-6955

APPLICATION FOR EMPLOYMENT

NAME _____ DATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE # _____

DRIVERS LICENSE # _____ STATE _____ CDL Y / N CLASS _____

ETHNICITY: _____ FOR DBE AND EEO PURPOSES ONLY

LAST YEAR OF SCHOOL ATTENDED _____ LOCATED _____

IF UNIVERSITY PLEASE DESCRIBE _____

PRESENTLY ENROLLED? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

DO YOU HAVE OR HAVE YOU EVER HAD ANY BACK OR NECK PROBLEMS THAT WOULD AFFECT YOUR PERFORMANCE ON THE JOB? _____ IF YES, PLEASE DESCRIBE _____

WILL YOU SUBMIT TO A DRUG TEST AND BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT, AND TO RANDOM DRUG TESTS AND BACKGROUND CHECKS THEREAFTER, PER COMPANY POLICY?

EMPLOYMENT DESIRED

POSITION _____ DATE AVAILABLE _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, BY WHOM? _____ PHONE# _____

DO YOU INTEND TO MAINTAIN ANY OTHER EMPLOYMENT IF HIRED? _____

WORK HISTORY (MOST RECENT FIRST)

COMPANY _____ ADDRESS _____

POSITION _____ LENGTH OF EMPLOYMENT & SALARY _____ / _____ \$

COMPANY _____ ADDRESS _____

POSITION _____ LENGTH OF EMPLOYMENT & SALARY _____ / _____ \$

COMPANY _____ ADDRESS _____

POSITION _____ LENGTH OF EMPLOYMENT & SALARY _____ / _____ \$

PLEASE USE BACK OF FORM (IF NEEDED).

IN CASE OF EMERGENCY, NOTIFY _____ RELATIONSHIP _____

PHONE # _____ ADDRESS _____

WHY DO YOU WANT TO WORK FOR TRAFFIC SAFETY RENTALS? _____

BRIEFLY DESCRIBE WHY WE SHOULD HIRE YOU? _____

USE BACK IF NEEDED.

REFERRED BY: _____ PLEASE LIST REFERENCES ON BACK WITH PHONE NUMBERS

I AM AWARE THAT FALSIFICATION OF ANY ANSWER WILL BE GROUNDS FOR MY IMMEDIATE DISMISSAL AND MAY RESULT IN DENIAL OF ANY BENEFITS.

SIGNATURE _____ DATE _____