



Traffic Safety Services, Inc.
1900 Northern Plains Drive
Bismarck, ND 58504

An Equal Opportunity Employer

Employment Application

Type of Position for which you are applying for: <input type="text"/>	
Date Available <input type="text"/>	Salary Desired <input type="text"/>
<input type="checkbox"/> Will Relocate	<input type="checkbox"/> Will Travel
Referred By <input type="checkbox"/> Newspaper	
Agency Name	<input type="text"/>
Employee/Name	<input type="text"/>
Other	<input type="text"/>

Personal Contact Information

Last Name: <input type="text"/>	First Name: <input type="text"/>	MI: <input type="text"/>
Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Phone: <input type="text"/>	Alt Phone <input type="text"/>	Email: <input type="text"/>

Availability Information

Check if you are willing to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shifts you are willing to work <input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Rotating Shift <input type="checkbox"/> Split Shift	Check the days you are available to work <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
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Availability Information Comments:

Are you 18 years of age or older? Yes No

Educational Background Information

Highest Grade Completed		
Name of School	Course of Study	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupational License/Certificates

Certificate Name	Organization	Completion Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

List any other qualifications such as special skills, abilities, equipment which should be considered

Abilities

Honors

Additional Information

Military Background Information

Are you a veteran? Yes No

Employment History

NOTE: CDL Applicants must provide 10 years of employment history. Attach add'l. sheet if necessary.

Most Recent Employer

Employer Name:	<input type="text"/>
Job Title:	<input type="text"/>
Start Date:	<input type="text"/>
End Date:	<input type="text"/>
Salary:	<input type="text"/>
Salary Based upon:	<input type="text"/>
Job Duties:	<input type="text"/>

2nd Most Recent Employer

Employer Name:	<input type="text"/>
Job Title:	<input type="text"/>
Start Date:	<input type="text"/>
End Date:	<input type="text"/>
Salary:	<input type="text"/>
Salary Based upon:	<input type="text"/>

Job Duties:

Drivers License Information

Do you have a valid Drivers License? Yes No

Drivers License Type

Issuing State

Endorsement(s)

- Combination Tanker
- Double and Triple Trailers
- Hazardous Materials
- Passenger Bus
- Tanker Vehicles

CDL HOLDERS ONLY-Applicants are required to list any additional addresses that they have resided during the past three years.

Street: City: State: Zip:

Street: City: State: Zip:

Street: City: State: Zip:

Street: City: State: Zip:

Date of Birth:

Accident Record for the Past Three Years (attach sheet if more space needed)

	Date	Nature of Accident (Head-on, Rear-end, etc.)	Fatalities	Injuries
Last Accident	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Traffic Convictions and Forfeitures for the past three years (other than parking violations)

Location []	Date []	Charge []	Penalty []
Location []	Date []	Charge []	Penalty []
Location []	Date []	Charge []	Penalty []
Location []	Date []	Charge []	Penalty []

Drivers License (List each unexpired license or permit currently held)

State: [] License No.: [] Type/Class: [] Expiration Date: []

State: [] License No.: [] Type/Class: [] Expiration Date: []

State: [] License No.: [] Type/Class: [] Expiration Date: []

State: [] License No.: [] Type/Class: [] Expiration Date: []

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

2. Has any license, permit, or privilege ever been suspended or revoked? Yes No

If the answer to either question 1 or 2 is yes, attach a statement giving details

List the nature and extent of your experience in operating a motor vehicle-including the type of equipment you operate:

PLEASE READ CAREFULLY

In exchange for consideration of my job application by Traffic Safety Services, Inc. (TSS), I agree and certify that the answers given on the application and to TSS management are true and complete to the best of my knowledge and were completed by me. I understand that misrepresentation or omission of facts on the application form or at anytime during the pre-employment process, may result in immediate dismissal, if employed, or termination of the pre-employment process.

In further exchange for the consideration of my job application by TSS, I agree that any dispute that arises between TSS and myself related to my candidacy for employment by TSS, including, but not limited to, disputes or claims arising under federal, state, and local statutory or common law, such as the Age Discrimination and Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, and the Americans with Disabilities Act, the law of contract and the law of tort, shall promptly be submitted to arbitration, conducted in accordance with the Employment Dispute Resolution Rules established by the American Arbitration Association (AAA). Any arbitration shall be conducted before a single arbitrator. The decision will be final and binding on both parties, and a judgment on the award rendered may be entered in any court having jurisdiction thereof.

I hereby understand and agree that if employed by TSS, I will be an employee at will. As an employee at will: 1) TSS or I may terminate the employment relationship at any time, with or without cause; and 2) there is no agreement express or implied, between TSS and me for any specific period of employment or for continuing or long term employment. NEITHER THE ACCEPTANCE OF THIS APPLICATION NOR THE SUBSEQUENT ENTRY INTO ANY TYPE OF EMPLOYMENT RELATIONSHIP, EITHER IN THE POSITION APPLIED FOR OR ANY OTHER POSITION, AND REGARDLESS OF THE CONTENTS OF EMPLOYEE HANDBOOKS, PERSONNEL MANUALS, BENEFIT PLANS, POLICY STATEMENTS, AND THE LIKE, AS THEY MAY EXIST FROM TIME TO TIME, OR OTHER TSS PRACTICES, SHALL SERVE TO CREATE AN ACTUAL OR IMPLIED CONTRACT OF EMPLOYMENT, or to confer any right to remain a TSS employee, or otherwise change, in any respect, the employment-at-will relationship between TSS and the undersigned, and that relationship can not be altered except by a written instrument signed by an officer of TSS. If employed, I understand that TSS may unilaterally change or alter their benefits, policies and procedures and such changes may include a reduction in benefits.

I understand that the Fair Credit Reporting Act (FCRA) requires written consent before an employer may procure a "Consumer Report" for employment purposes. Accordingly, I hereby authorize TSS to procure a Consumer Report and/or Investigative Consumer Report from a consumer reporting agency, including information as to my credit record, character, general reputation, personal characteristics, and mode of living. I hereby give TSS permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release TSS from any liability as a result of such contact. I specifically request any present or former employer, school, police department, financial institution, or other person having personal knowledge about me, to furnish the bearer with any and all information in their possession regarding me in connection with an application for employment. I agree that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer or educational institution that may provide information based upon this authorized request. I understand this authorization is to be part of a written or online employment application, which I sign or submit and agree to. Furthermore, I authorize investigation of all statements contained in this application and, in accordance with Department of Transportation (DOT) Federal Motor Carrier Safety Regulations (FMCSR), all records regarding alcohol and controlled substance testing results. I hereby authorize said sources to disclose such records and other information as may be requested by TSS. A Consumer Report under the FCRA means, in part, any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing eligibility for employment purposes. An Investigative Consumer Report means a Consumer Report or portion of a Consumer Report in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through interviews with neighbors, friends, or associates of the consumer or with others with whom the consumer is acquainted or who may have knowledge concerning any such items of information.

I understand that if hired, I am required to abide by all rules and regulations of TSS and that I will be responsible for the care and return of any equipment or other TSS owned property issued to me during my employment. I also understand; 1) that TSS has a drug and alcohol policy that provides for pre-employment testing as well as testing after employed; 2) consent to and compliance with such policy is a condition of my employment; and 3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations. I will be able, if hired, to certify that I am authorized to work in the United States of America and understand that in accordance with the Immigration Control and Reform Act, I will be required to provide timely documentation of identity and employment eligibility. I understand that TSS is an Equal Employment Opportunity Employer, and that TSS adheres to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, marital or veteran status, age or disability, or any other basis prohibited by law. I understand that my opportunity for employment with TSS depends solely on my qualifications.

By my signature or electronic acknowledgement, on this form or electronic submission, I acknowledge that I have read and understand this document or electronic form, and that I agree to all the conditions herein.

Signature of applicant: _____

Date: _____

Authorization and Consent Form (to be completed by applicants)

Please Print or Type

Last Name First Middle

Social Security #

Present Address

City/State/Zip

I understand that in connection with my application for employment with Traffic Safety Services, Inc. (TSS), TSS will research and verify the information I have provided on my application for employment, including my personal background, character, professional standing, work history, and qualifications.

I understand that TSS will obtain information it deems appropriate from various sources including, but not limited to, the following: credit reporting agencies, current and past employers, criminal conviction records, Department of Motor Vehicle records, military records, school records, and professional and personal references. I authorize, without reservation, any individual, corporation or other private or public entity to furnish TSS all information about me

This authorization and consent, in original, faxed, photocopied or electronic form, shall be valid for this and any future reports and updates that may be requested by TSS.

Dated:

Applicant's Signature:

Print Name