

TRAFFIC CONTROL COMPANY NOW HIRING

Compensation: \$11/hr for Trainee – \$12/hr after 90 day probation and certification

Medical, dental, vision available & company contributing IRA

MINIMUM REQUIREMENTS:

- *25 years old or older Auto Insurance requirement for us
- *Clean driving record
- *High school diploma or GED
- *Stable work history
- *Able to lift a minimum of 50 pounds regularly throughout work shift

OPPORTUNITIES:

- *\$40,000+ Annual earning potential with overtime
- *Learn a skill train as a Traffic Control Technician
- *Opportunity to become certified as a Work Zone Supervisor after 4,000 work hours
- *Salary increase with advanced certifications

JOB DUTIES:

We setup, monitor, and maintain our equipment to close lanes or roads so that contractors can get in the road to work. We are available to work for our customers 7 days a week 24 hours a day. Our work is all over the state of South Carolina. Many times our jobs are out of town and require staying in a hotel. We pay \$30/day per diem and cover the hotel expense when working out of town. Most of our work is at night when there is less traffic on the road. We work when and where needed.

Additional duties include proper maintenance of vehicles and equipment; warehouse organization and cleanup; or whatever else you may be asked to do.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER! WE STRIVE TO PROVIDE A DIVERSIFIED WORKPLACE!
ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR,
RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, NATION ORIGIN, PROTECTED VETERAN STATUS OR ANY
OTHER CHARACTERISTIC PROTECTED BY LAW.

EMPLOYMENT APPLICATION

Federal law prohibits discrimination in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **This Company plans to verify the accuracy of the statements you make on this application.** This application will receive consideration for **sixty (60) days**. If you have not heard from the Company within sixty days and wish to receive further consideration for employment, you must reapply in person.

IODAY'S DATE: _				
PERSONAL INFOR	RMATION			
Name				
Name	(Last)	(First)	(Middle)	
/ (dd 000	(Street)	(City)	(State)	(Zip)
Are you 18 years or	older? Yes	No If no, li	st date of birth/_	/
Are vou legally eligi	ble for employment ir	n the U.S.? Yes	(mo) (i	day) (year)
				
i elepnone Number				
Emergency Contact	t	Telephone	e Number	
EDUCATION				
LDOCATION				
Circle Highest Grad	•	4 0 0 4	-	0 4
	9 10 11 12 or High School	1 2 3 4 College or Unive	5 1 2 ersity Gradu	3 4 ate School
Type of School	Name of School	Location	Major Subject or Course of Study	
High School				
College				
Business or				
Trade School Correspondence				
School				
Other				
(Specify)				
Graduate School				
List Degree(s) Obta	ıined			
- ,				

EMPLOYMENT

Position Desired	Salary desired
Are you employed now? If so, may we	e contact your present employer?
Have you ever applied here before?V	Vhen?
Have you ever worked for this Company before? _	When?
Are you restricted to working only certain hours of the hours you are available	· · · · · · · · · · · · · · · · · · ·
Are you restricted from working certain days of the days you are available M T W T F S S	week? Yes No If yes, indicate the
When can you report for work?	
Type of employment desired part-time _	full-time

WORK EXPERIENCE

Period of Employment			
(Month/Year)	Name and Address of Company	Positions Held or Duties Performed	Rate of Pay
From:	Company:		Start:
		<u> </u>	
	Street & No.		
To:			Final:
	City & State	7	
Name of Supervisor at time	e of separation:		
Reason for Leaving:			
From:	Company:		Start:
	, ,		
	Street & No.		
To:			Final:
	City & State	_	i man
	Only & State		
Name of Supervisor at time	e of separation:		
Reason for Leaving:			
From:	Company:		Start:
	Street & No.		
To:			Final:
10.	City & State	_	i mai.
	Only & State		
Name of Supervisor at time	e of separation:		
Reason for Leaving:			

From:	Comp	any:			Start:
	Street	& No.			
To:					Final:
	City &	State			
Name of Supervis Reason for Leavi		aration:			
CRIMINAL B	ACKCBOII	ND.			
CRIMINAL B	ACKGROUP	ND .			
Have you ev	ver pleaded (guilty to, "no contest" to	o, or been convid	cted of a cri	me other than a minor
traffic violation	on? Yes _	No If	"yes" please sta	ite citation,	date, and place where
offense occu	rred. (A "yes	" answer will not automa	atically disqualify	you from co	nsideration.)
DRIVING INI	FORMATION	<u> </u>			
		ver's license?\			
State	:	Lic. No.: _		Expirati	on Date:
Has your driv	er's license e	ever been suspended or	revoked?	Yes	No
If Yes, plea	ise explain ci	rcumstances:			
Please list al	I moving traff	ic violations in the past f	ive (5) years:		
			_		
Offense	Date	Location	Offense	Date	Location
Offense	Date	Location	Offense	Date	Location
SPECIAL SK	(II I S				
OI LOIAL OI	VILLO				
What knowle	edge, special	training or computer s	kills, and/or othe	er qualification	ons have you acquired
				-	at you can proficiently
		-		42161110111 111	at you can pronoionly
operate					

Name		Relation	ship	Name			Relationship
			•				•
				<u> </u>			
REFERENCES							
Give three referen	ices who are no	t relatives	or form	ner employ	ers.		
Name Occupati		on Years		s Known	Phone	Address	
_							
					. I		
AFFIDAVIT							
I authorize, without attended and all p information they ma damage whatsoeve	orevious employe ay have concernin	ers to furning me, and	ish to t	the Compa	any my reco	ord, reason fo	r leaving and all
I understand that understand I may b written request with concerning the nature.	e notified if such hin a reasonable	an investige period of	gative re time fo	eport is obta	ained and tha	at I will have th	ne right to make a
Following an offer Company may require to undergo drug by law.	uire that I submit t	to a medica	al exami	ination. Th	e Company a	also reserves t	he right to require
by law.							
I understand that in the information I ha herein requested. I in accordance with present and subseq	ave given in this understand that prederal regulation	application proof of ide ns. In ever	is false entity an nt of my	e, misstate nd work aut / employme	d, or if I hav horization wi	e failed to giv	e any information upon employment
I understand that in the information I ha herein requested. I in accordance with	ave given in this understand that properties for the understand that properties for the understanding	application proof of ide ns. In ever es of the Conired, my entred, my entred	is false entity an nt of my ompany employ	e, misstated and work aut	d, or if I hav horization wi ent by the Co at will." Th	e failed to giv Il be required company, I agre is means tha	e any information upon employment ee to abide by all

Date _____