

CHS TRAFFIC CONTROL SERVICES, INC.
5397 AGRO DRIVE FREDERICK, MD 21703
301-874-3192

APPLICATION FOR EMPLOYMENT
 An Equal Opportunity Employer

PERSONAL INFORMATION

DATE: _____

NAME: _____
LAST FIRST M.I. SOCIAL SECURITY NUMBER

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OLD OR OLDER?
HOME CELL TEXT: YES NO
 YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
 IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMERGENCY CONTACT: _____
NAME ADDRESS PHONE RELATION

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU CURRENTLY EMPLOYED? YES NO MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHEN? _____

REFERRED BY: _____

EDUCATION	NAME & LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE	SUBJECTS STUDIED

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES (CIVIL, ATHLETIC, ECT.): _____
 EXCLUDE ORGANIZATIONS OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES YES NO

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations of the interpretive guidance promulgated by the EEOC on July 26, 1991.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS. STARTING WITH LAST ONE FIRST)NAME AND ADDRESS OF
PRESENT OR LAST EMPLOYER:

STARTING DATE:

MONTHYEAR

LEAVING DATE:

MONTHYEAR

WEEKLY STARTING SALARY:

WEEKLY FINALY SALARY:

JOB TITLE:

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME AND TITLE OF SUPERVISOR:

PHONE NO.

DESCRIPTION OF WORK:

RESON FOR LEAVING:

NAME AND ADDRESS OF
PRESENT OR LAST EMPLOYER:

STARTING DATE:

MONTHYEAR

LEAVING DATE:

MONTHYEAR

WEEKLY STARTING SALARY:

WEEKLY FINALY SALARY:

JOB TITLE:

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NAME AND TITLE OF SUPERVISOR:

PHONE NO.

DESCRIPTION OF WORK:

RESON FOR LEAVING:

NAME AND ADDRESS OF
PRESENT OR LAST EMPLOYER:

STARTING DATE:

MONTHYEAR

LEAVING DATE:

MONTHYEAR

WEEKLY STARTING SALARY:

WEEKLY FINALY SALARY:

JOB TITLE:

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NAME AND TITLE OF SUPERVISOR:

PHONE NO.

DESCRIPTION OF WORK:

RESON FOR LEAVING:

REFERENCES: NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOW AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NUMBERS	YEARS ACQUANTED

SERVICE RECORD

BRANCH OF SERVICE:

DISCHARGE DATE
RANK:PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES:DATE
OBLIGATION ENDS: