Employment Application

This Company is an equal opportunity employer dedicated to nondiscrimination in employment. The Company selects the best qualified individual for the job based on job-related qualifications regardless of race, age, color, religion, sex, national origin, ancestry, marital status, sexual preference, disability, or any other basis protected by applicable law.

☞ Print clearly and complete ALL information requested.

Name _____
First Middle Last

A

Present Address _____
Street Address City State Zip Code

Permanent Address _____
(if different) Street Address City State Zip Code

Home Phone (_____) _____ Message Phone (_____) _____ SSN _____ – _____ – _____

If you are hired, can you furnish proof that you are over 18 years of age? ☐ yes ☐ no

If you are hired, can you present evidence of your legal right to live and work in this country as required by law? ☐ yes ☐ no

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? ☐ yes ☐ no

If yes, give the date(s) and details _____

B

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? ☐ yes ☐ no

If yes, give the date(s) and details _____

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, time that has passed since the incident, and rehabilitation will be taken into account. (Do not include minor traffic citations, and arrests or convictions which have been sealed or expunged in answering this question.) This information will only be used if job related and consistent with business necessity.

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying, either with or without a reasonable accommodation? ☐ yes ☐ no

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Position Desired _____ Date you can start _____ Salary Desired _____

C

Which do you prefer? ☐ full-time ☐ part-time during the following days and hours _____

Are you employeed now? ☐ yes ☐ no If yes, may we contact your present employer? ☐ yes ☐ no

Have you ever applied to or worked for this Company before? ☐ yes ☐ no If yes, specify dates _____

D

Education	Name of school	City and State	# of years completed	Did you graduate?	Degree(s) earned
High School					
College					
Graduate					

Have you served in the United States Armed Forces? ☐ yes ☐ no Branch _____ Final Rank _____

Additional training, skill, experience, and special achievements relevant to position _____

_____

_____

_____

☞ List present and past employers beginning with the most recent. Attach additional sheets as needed.

E

Month/ Year	Name & Address of Employer	Initial Position and Duties / Final Position and Duties	Previous Supervisor / Telephone Number	Starting Pay / Ending Pay	Reason for Leaving
From					
To					
From					
To					
From					
To					

Have you ever been terminated or asked to resign from any job? ..... ☐ yes ☐ no If yes, please explain circumstances _____

_____

Please explain fully any gaps in your employment history _____

F

_____

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

☐ 0 to 10 days ☐ 11 to 30 days ☐ 30+ days

Do you have adequate transportation to and from work? ..... ☐ yes ☐ no

Do you have any friends or relatives who work for the Company? ..... ☐ yes ☐ no If yes, who? _____

☞ List three personal references who know you well but who are not previous employers or relatives.

G

Name	Address	Phone number

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

H

X _____ _____ _____

SIGNATURE OF APPLICANT PRINT NAME DATE

Applicant's Statement & Agreement (the "Agreement")

In the event of my employment to a position in the Company, I will comply with all rules and regulations of the Company. I understand that to the extent permitted by applicable law the Company reserves the right to require me to submit to a test for the presence of drugs and/or acohol in my system prior to employment and at any time during my employment; and that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of drugs and/or alcohol in my system, performed by a doctor selected by the Company. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality tests or honesty tests, prior to employment and during my employment. And should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that for insurance purposes bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that to the extent permitted by applicable law the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry, within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named by me as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview are true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information deemed material is later found to be false or incomplete in any respect, I may be terminated. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this Agreement are valid unless they are in writing and signed by the President of the Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the President of the Company (or majority owner or owners if Company is not a corporation), has the authority to make any agreements contrary to the foregoing. This Agreement is the entire agreement between the Company and myself regarding the rights of the Company or myself to terminate employment with or without good cause, and takes the place of all prior and contemporaneous agreements, representations, and understandings of myself and the Company.

I also acknowledge that my employment will affect interstate commerce and that the Company utilizes a system of alternative dispute resolution which involves binding arbitration to resolve all disputes which may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, both the Company and I agree that any claim, dispute, and/or controversy concerning any aspect of my employment (including, but not limited to, any claims of discrimination and harassment, whether they be based on Title VII of the Civil Rights Act of 1964, as amended, the Equality Act, the Americans with Disabilities Act, the Age Discrimination in Employment Act, the Family and Medical Leave Act, the Genetic Information Nondiscrimination Act, the Pregnancy Discrimination Act, the Equal Pay Act, the Uniformed Services Employment and Reemployment Rights Act of 1994, as well as all other state or federal laws or regulations) that either I or the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) may have against each other which would otherwise require or allow resort to any court or other governmental

dispute resolution forum arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based in tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under Workers' Compensation, and Unemployment Compensation claims filed with the state) will be settled by binding arbitration under the Federal Arbitration Act, 9 U.S.C. §1 et seq. ("FAA") by a single arbitrator mutually agreed to by you and the Company in an arbitration proceeding conducted in the city where the Company has its principal place of business in accordance with Employment Arbitration Rules existing as of the date of the arbitration of the American Arbitration Association. The Arbitrator shall have the exclusive authority to resolve any disputes relating to the enforceability of this Agreement, including but not limited to any claim that all or part of this Agreement is void or voidable. Any judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. If there is a conflict with any state statute regarding arbitration, it shall be preempted by the FAA.

A Claim may be brought by you only as an individual and on an individual basis. No Claim may be brought by you as a class representative, nor may you participate as a member of a class of claimants with respect to any Claim. **THE RESULTS OF THIS ARBITRATION PROVISION IS THAT NO CLAIMS MAY BE LITIGATED IN COURT, INCLUDING THOSE CLAIMS THAT, BUT FOR THIS ARBITRATION PROVISION, MIGHT HAVE BEEN TRIABLE BEFORE A JURY, AS CLASS ACTIONS, AS PRIVATE ATTORNEY GENERAL ACTIONS, OR OTHERWISE. IN ADDITION, ANY CLAIMS MUST BE ARBITRATED THROUGH AN INDIVIDUAL ARBITRATION ONLY AND MAY NOT BE PART OF A CLASS ACTION ARBITRATION.**

The at-will employment and/or alternative dispute resolution process referred to above are inapplicable and superseded only to the extent they conflict with any union or collective bargaining agreement for which I am covered.

If any provision of this Agreement is construed or interpreted to be void, invalid, or unenforceable, such decision shall affect only those provisions so construed or interpreted and shall not affect the remaining provisions of the Agreement.

If you have any questions regarding this statement, please ask a Company representative before signing.
I hereby acknowledge that I have read the above statements, understand them and agree to be bound thereby.

☞ DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

❶ X _____ _____ _____

SIGNATURE OF APPLICANT | PRINT NAME | DATE

Park Building, Suite 213
400 Third Avenue
Kingston, PA 18704

TELE: (570) 714 – 3524
FAX: (570) 718 – 1482
EMAIL: ismcomm@aol.com

ALL STATE TRAFFIC CONTROL OF PA, INC.

(a) No person who operates company equipment or drives company vehicles shall at any time have more than one driver's license.

(b) Each person who operates company equipment or drives company vehicles and is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) in a State other than the one which issued his/her license, shall notify the Human Resource Department of such violation. The notification must be made before the end of the business day following the day the employee received notice of such violation.

(c) Each person who operates company equipment or drives company vehicles who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a vehicle in a State or jurisdiction for any period, or who is disqualified from operating a motor vehicle for any period, shall notify the Human Resource Department of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of suspension, revocation, cancellation, lost privilege, or disqualification.

(d) The notification to the Human Resource Department must be made in writing and contain the following information:

1. Driver's Full Name
2. Driver's License Number
3. Date of Conviction
4. The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s).
5. Indication whether the violation was in a commercial motor vehicle.
6. Location of Offense
7. Driver's Signature

I, _____, have read and understood the Company Certification of Compliance With Driver License Requirements listed above. I understand that I must follow the requirements listed above while operating company equipment or driving company vehicles.

Driver's License No. _____ State _____ Expiration Date _____

Driver's Signature _____