
PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

May we contact the employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact.

Have you ever worked for APX Traffic Management, LLC before?

If so give Date: _____

Have you ever been convicted of a felony? _____

If so for What: _____

=====

THREE (3) REFERENCES: _____

APPLICANT'S STATEMENT

- a) I certify that answers given herein are true and complete.
- b) I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- c) I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- d) In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

CONSENT TO DRUG TEST

I, _____, understand that APX Traffic Management, LLC is a drug-free workplace.

I agree that if I am offered and accept a position with the company, that I will be required to take a drug screen for the use of illegal drugs periodically throughout my employment.

I hereby consent to this test.

Furthermore, I am aware that these results will become part of my employment record and that positive results can affect whether I am terminated from employment.

Signature: _____ Date: _____

Witness: _____ Date: _____

(((DO NOT WRITE IN THE SPACE BELOW)))

Interview by: _____

Date: _____

Hired: Yes _____ No _____

Position _____

Salary/Wage: _____

Dept. _____

Date Reporting to Work _____