



**ALL Ways Safe, LLC.**  
"Making Traffic Safe Again"  
212 Muse Bishop Road PO Box 102  
Muse, PA 15350-0102  
**Phone** 412-301-2300  
[www.AWSAFE.net](http://www.AWSAFE.net)

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## **JOB APPLICATION**

**ALL WAYS SAFE, LLC**

**PO Box 102, Muse Pennsylvania 15350**

ALL WAYS Safe, LLC. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need a reasonable accommodation in the application process, he or she should contact a company representative.

***Please fill out all the sections below:***

### **APPLICANT INFORMATION**

***Applicant Name:*** \_\_\_\_\_

***Address:*** \_\_\_\_\_

***City, State, and Zip Code:*** \_\_\_\_\_

***Telephone Number:*** \_\_\_\_\_

***Email Address:*** \_\_\_\_\_

***Date of Application:*** \_\_\_\_\_

## **EDUCATION AND TRAINING**

### **HIGH SCHOOL**

- *Name:* \_\_\_\_\_
- *Location:* \_\_\_\_\_
- *Date Graduated:* \_\_\_\_\_
- *Degree Earned:* \_\_\_\_\_

### **VOCATIONAL SCHOOL**

- *Name:* \_\_\_\_\_
- *Location:* \_\_\_\_\_
- *Year Graduated:* \_\_\_\_\_
- *Degree Earned:* \_\_\_\_\_

### **Previous Employer**

- *Employer Name:* \_\_\_\_\_
- *Employer Address:* \_\_\_\_\_
- *City, State, Zip:* \_\_\_\_\_
- *Job Title:* \_\_\_\_\_
- *Employer Phone:* \_\_\_\_\_
- *Dates Employed:* \_\_\_\_\_

- *Employer Name:* \_\_\_\_\_
- *Employer Address:* \_\_\_\_\_
- *City, State, Zip:* \_\_\_\_\_
- *Job Title:* \_\_\_\_\_
- *Employer Phone:* \_\_\_\_\_
- *Dates Employed:* \_\_\_\_\_

**EMERGENCY CONTACT**

- *Name / Relationship:* \_\_\_\_\_
- *Phone Number:* \_\_\_\_\_

**AT-WILL EMPLOYMENT** \*by applying you acknowledge you understand these terms.

The relationship between you and the ALL Ways Safe, LLC. is referred to as "employment at will."

This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the ALL Ways Safe, LLC. No representative of ALL Ways Safe, LLC. has the authority to enter into any agreement contrary to the foregoing "employment at will" relationship.

You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

How did you hear of us?

\_\_\_\_\_