

# APPLICATION FOR EMPLOYMENT



# TRUCK BODIES & EQUIPMENT INTERNATIONAL

Subsidiary of Federal Signal Corporation



"As Strong As An Ox"



TBEI, INC. IS AN EQUAL OPPORTUNITY EMPLOYER\*

**Personal Information (please print):**

Date of application: \_\_\_\_\_

Last

First

Middle

Present Address \_\_\_\_\_

Street

City

State

Zip

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

- If you are not a Citizen of the United States, are you eligible to work in the U.S. and can you provide the necessary documents of proof of the legal right to work upon hire? Yes  No
- Are you under the age of 18? Yes  No

**Employment Interest:**

Desired TBEI, Inc Location:	Edmonton, AB, Canada	Rugby, ND	Marysville, WA	Tempe, AZ	Saegertown, PA	Hadley, PA
	Fayette, AL	Lake Crystal, MN	Tishomingo, MS	Snohomish, WA	Houston, TX	

Position desired \_\_\_\_\_ Salary desired \$ \_\_\_\_\_ Date available: \_\_\_\_\_

Hours of availability \_\_\_\_\_

Have you ever interviewed with any TBEI company before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been employed by any TBEI company before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Previous Position? \_\_\_\_\_ Supervisor Name? \_\_\_\_\_

How were you referred here? Employee or Ad? (Please name publication) \_\_\_\_\_

**Complete the following only if the position requires a driver's license:**

Driver's License #: \_\_\_\_\_ Type: \_\_\_\_\_

Has your driver's license ever been revoked or suspended? Yes  No

If yes, for what reason? \_\_\_\_\_

Any moving violations in the last three (3) years?

\*Equal Employment Opportunity Policy provided at end of application.

**Education**

	Name	Address	Degree/Diploma	Major	GPA
HIGH SCHOOL					
COLLEGE					
OTHER (Specify)					

List any commercial training course (including skills such as typing, computer, business machines, etc.):

**Work History**

List below your work history for the past ten years, with most recent employment first. Attach additional paper if necessary. May we contact your current employer? YES NO (Circle)

NAME OF COMPANY: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DESCRIBE YOUR DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYED FROM: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ TO: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DESCRIBE YOUR DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYED FROM: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ TO: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**Work History**

NAME OF COMPANY: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF SUPERVISOR : \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DESCRIBE YOUR DUTIES: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYED FROM: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ TO: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF SUPERVISOR : \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DESCRIBE YOUR DUTIES: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYED FROM: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ TO: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**Additional Information**

Have you ever been terminated or suspended from any previous employment? If so, describe the circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any professional job related certifications, licenses and/or memberships that you hold \_\_\_\_\_  
\_\_\_\_\_

List any tools, machines, hardware /software programs and office equipment in which you have experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclosure**

**STATEMENT OF APPLICANT**

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application and authorize the references listed below to give you all pertinent information concerning my previous employment; I also release all parties from liability for any damage that may result from furnishing same to TBEI, Inc.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**References**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

---

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

---

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

## **VOLUNTARY SELF-IDENTIFICATION RACE/ETHNICITY AND GENDER**

Federal Signal Corporation, together with its subsidiaries and divisions (collectively the “Company”), is an equal opportunity employer and is a Government Contractor subject to Affirmative Action Program requirements. As required by applicable law and as part of our EEO and Affirmative Action Program, we invite you to complete this form to self-identify your race/ethnicity and gender. Your decision to provide the relevant information is purely voluntary on your part and refusal to provide such information will not subject you to any adverse treatment or have any bearing on your application or your employment. Responses will remain confidential within our Human Resources Department and will be used only for the necessary information in our Affirmative Action Program and for reporting statistical data to the Equal Employment Opportunity Commissions and/or the office of Federal Contractor Compliance Programs.

### **GENDER:**

(Please check one of the options below)

Male

Female

I do not wish to answer

### **RACE/ETHNICITY:**

Please check one of the descriptions below corresponding to the ethnic group with which you identify

Hispanic or Latino

White (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

Native Hawaiian or Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian or Alaskan Native (not Hispanic or Latino)

Two or more Races (not Hispanic or Latino)

I do not wish to answer

**Race/Ethnicity – EEOC Identification Categories:**

- **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (Not Hispanic or Latino)**: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- **Black or African American (Not Hispanic or Latino)**: A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Pacific Islander (Not Hispanic or Latino)**: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- **Asian (Not Hispanic or Latino)**: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- **Native American or Alaska Native (Not Hispanic or Latino)**: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Two or more races (Not Hispanic or Latino)**: All persons who identify with more than one of the above five races.

---

DATE

---

SIGNATURE

---

PRINT NAME

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

## **VOLUNTARY SELF-IDENTIFICATION OF PROTECTED VETERAN STATUS**

Federal Signal Corporation, together with its subsidiaries and divisions (hereinafter the "Company") is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("VEVRAA"). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- (1) A "disabled veteran" is one of the following:
  - a. A veteran of the U.S. military, ground, naval or air force who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - b. A person who was discharged or released from active duty because of a service-connected disability.
- (2) A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- (3) An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- (4) An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you are a member of any of the categories of protected veterans listed above, please indicate by checking the appropriate box on the second page of this form. As a Government contractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely **voluntary** on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, as amended.

The information will be kept **confidential**, except that (i) supervisors and managers may be informed regarding restrictions on your work or duties as a disabled veteran, and regarding any necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs or by the Equal Employment Opportunity Commission, may be informed.



I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS  
(CHOOSE ALL THAT APPLY):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I AM A PROTECTED VETERAN, BUT I CHOOSE NOT TO SELF-IDENTIFY THE  
CLASSIFICATIONS TO WHICH I BELONG

I AM **NOT** A PROTECTED VETERAN

---

Date

---

Signature

---

Print Name

## **EQUAL EMPLOYMENT OPPORTUNITY POLICY**

**41 C.F.R. Section 60-300.44(a), 41 C.F.R. Section 60-741.44(a), 41 C.F.R. Section  
60-741.43**

To provide equal employment and advancement opportunities to all individuals at all levels in the organization, employment decisions at TBEI, Inc., and all affiliate companies, ("Company") will be based on merit, qualifications, and abilities. It has been and shall continue to be both the official policy and the commitment of the Company to further equal employment opportunities for all persons regardless of, among other characteristics, race, religion, color, national origin, sex, sexual orientation, gender identity, age, genetic information, status as a protected veteran or status as a qualified individual with a disability, including a physical or mental disability, or any other characteristic protected by applicable Federal, State or Local law.

Company will make reasonable accommodations for qualified protected veterans, individuals with known disabilities and or any other protected category unless doing so would result in an undue hardship. Applicants or employees may contact Tina Albright, [talbright@tbei.com](mailto:talbright@tbei.com) to request a reasonable accommodation.

The contractor will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information.

TBEI, Inc. remains committed and to respond to any specific complaints applicants or employees may file with the Company's equal employment opportunity office. Overall responsibility for the implementation of the Company's equal employment opportunity programs and for affirmative action compliance activities is assigned to Tina Albright, Vice President, Human Resources, who may be contacted with any questions or concerns, [talbright@tbei.com](mailto:talbright@tbei.com). This policy will be posted on company bulletin boards. This policy shall be accessible to applicants and employees in an accessible and understandable form. Applicants and employees may also email Tina Albright for a way to inspect the Disabled and Veteran affirmative action plans minus the statistical portions between 8 a.m. to 5 p.m. Monday through Friday.

**CLICK HERE  
TO SUBMIT**