

APPLICATION FOR EMPLOYMENT



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: Fayette, AL Lake Crystal, MN Tishomingo, MS Rugby, ND 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Has your driver's license ever been revoked or suspended?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? _____

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: _____

BEGINNING SALARY: _____ ENDING SALARY _____

EMPLOYED FROM: MONTH _____ YEAR _____ TO: MONTH _____ YEAR _____

NAME OF COMPANY: _____ PHONE NO. _____

ADDRESS: _____

NAME OF SUPERVISOR: _____ POSITION HELD: _____

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

BEGINNING SALARY: _____ ENDING SALARY _____

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: _____

BEGINNING SALARY: _____ ENDING SALARY: _____

EMPLOYED FROM: MONTH _____ YEAR _____ TO: MONTH _____ YEAR _____

NAME OF COMPANY: _____ PHONE NO. _____

ADDRESS: _____

NAME OF SUPERVISOR : _____ POSITION HELD: _____

DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

BEGINNING SALARY: _____ ENDING SALARY: _____

EMPLOYED FROM: MONTH _____ YEAR _____ TO: MONTH _____ YEAR _____

Military History

Branch/Duty Application Training: _____

Years of Service: _____ to _____

Military Specialty: _____

Highest Rank: _____

Special Honors/Special Service Schools Attended: _____

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.

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