

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: Edmonton, AB, Canada Snohomish, WA Marysville, WA Tempe, AZ
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Has your driver's license ever been revoked or suspended?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:

OX BODIES

"As Strong As An Ox"

**CRYSTEEL****TRUCK BODIES**
& EQUIPMENT INTERNATIONAL
Subsidiary of Federal Signal Corporation**ravis**
BODY & TRAILER, INC.

An Equal Opportunity, Affirmative Action Employer

**Applicant Survey Form**

Last name

First name

Middle initial(s)

Date

Position(s) for which you are applying

How did you hear about us?

- ☐ Company Employee _____ ☐ Newspaper _____
☐ Website ☐ Walk-in ☐ MN Works ☐ Other _____

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations, and *for no other purpose*. *When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in a separate envelope.

Race/Ethnicity – Select one or more

- ☐ American Indian or Alaska Native: 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.
- ☐ Asian: 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.
- ☐ Black or African American: A person having origins in any of the black racial groups of Africa.
- ☐ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability - Are you a person with a disability? ☐ Yes ☐ No

Sex – Select one ☐ Female ☐ Male

Opt Out

- ☐ I do not want to share this information at this time.

* **This form is *not used for employment decisions*.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.

HR Use Only
 Testing _____
 Dispos _____