

An Equal Opportunity Employer  
**GEYER SIGNAL EMPLOYMENT APPLICATION**

**PLEASE PRINT**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Telephone No. (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_  
No. Street City State Zip

**EMPLOYMENT DESIRED**

Are you available for work on weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be available to work overtime (14 hr days, 60-80 hrs a week)? Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_ Salary desired: \_\_\_\_\_

**PERSONAL INFORMATION**

Have you ever applied to or worked for the Company before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for the company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state name(s) and relationship: \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at least 18 years old? Yes \_\_\_\_\_ No \_\_\_\_\_

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live

And work in this country? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

**THE JOB/POSITION I AM APPLYING FOR IS \_\_\_\_\_**

Do you have any physical or mental limitations that would affect your ability to lift 50-100 pounds or to perform the duties of the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the conditions and the nature of your work limitations:

\_\_\_\_\_

Do you understand the physical requirements of the job you are applying for? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you understand the training and skill requirements of the job you are applying for? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you meet these requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

(Note: Employees may be subject to passing a physical review and/or examination and a drug test.)

**EDUCATION, TRAINING, AND EXPERIENCE**

SCHOOL NAME & ADDRESS GRADUATED? DEGREE/CERT-TYPE

High School Yes \_\_\_ No \_\_\_
College/University Yes \_\_\_ No \_\_\_
Vocational/Business Yes \_\_\_ No \_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Geyer Signal? If so, please explain:

**Experience:**

Type of Vehicle Driven to Dates Approx. Mileage Driven
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**EMPLOYMENT HISTORY:**

List below all present and past employment starting with your most recent employer: (last 5 years is sufficient-use back, if needed).

1. Name of Employer Dates Employed: Start: End:

Address No. Street City State Zip

Type of Business Telephone No. ( )

Pay: Starting: Ending: Your Supervisor's Name

Your Position and Duties

Reason For Leaving

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period? Yes No

2. Name of Employer Dates Employed: Start: End:

Address No. Street City State Zip

Type of Business Telephone No. ( )

Pay: Starting: Ending: Your Supervisor's Name

Your Position and Duties

Reason For Leaving

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period? Yes No

**3. Name of Employer**

Dates Employed:

Start: \_\_\_\_\_ End: \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Type of Business \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Pay: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes\_\_\_ No\_\_\_

Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period? Yes\_\_\_ No\_\_\_

**MILITARY SERVICE**

Have you obtained any special skills or abilities as the result of service in the military? Yes \_\_\_ No \_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List below two persons who have knowledge of your work performance within the last 3 years.

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_ # Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_ # Years Acquainted \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize this Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if I am hired, I will conform to the rules and regulations of the Company. This Company conducts its business with the highest degree of safety and efficiency. Because of this, the Company may require applicants to undergo a physical examination and to undergo blood/urine screening for drugs and all applicants must have negative results as a condition to employment.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**ACKNOWLEDGMENT OF EMPLOYER'S RIGHT AND NEED  
FOR MVR INFORMATION**

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

The applicant (undersigned) understands the employer must comply with statutory insurance requirements as they pertain to employee driving employer's vehicles and/or use of employee's vehicle on the job. By the signature below, the applicant acknowledges and agrees that the employer is entitled to receive/send proof of license(s) and/or motor vehicle reports/records (herein records), from employee and/or third parties.

Employer and applicants and/or employees understand that use of these records is limited to employer's obligation to comply with statutory insurance requirements and/or with the underwriting process relating to securing insurance coverage. Employer will exercise best efforts to limit use of records as herein specified.

**Applicant Date of Birth** \_\_\_\_\_

**Driver's License Information: all licenses held in last 3 years:**

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**All Accidents, last 3 years: (If none, write none)**

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

**List all Traffic Violations Convictions, last 3 years: (If none, write None)**

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes \_\_\_ No \_\_\_

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes \_\_\_ No \_\_\_

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes \_\_\_ No \_\_\_

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes \_\_\_ No \_\_\_

**Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?**

Yes \_\_\_ No \_\_\_ If yes; state of issuance; explanation: \_\_\_\_\_

\_\_\_\_\_  
This form authorizes employer to check my Motor Vehicle Record periodically without further consent. This authorization expires upon termination of employment if employed.

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