

FOR INTERNAL USE ONLY



CENTRAL OKLAHOMA TRANSPORTATION & PARKING AUTHORITY
2000 S. May Ave, Oklahoma City, OK 73108 | (405) 297-3346 fax (405) 316-3346 | embarkok.com

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Form with fields: LAST NAME, FIRST NAME, M.I., SOCIAL SECURITY NO., ADDRESS, CITY, STATE, ZIP CODE, DAY PHONE, ALT. PHONE, ALTERNATE CONTACT, E-MAIL, DAY PHONE, ALT. PHONE

Form with fields: POSITION DESIRED, HOW DID YOU HEAR ABOUT THIS POSITION?

ARE YOU PRESENTLY EMPLOYED BY EMBARK? [] YES [] NO [] FULL-TIME [] PART-TIME

HAVE YOU EVER WORKED FOR EMBARK? [] YES [] NO IF SO, WHEN: ___/___/___ WHAT POSITION? _____

ARE YOU 18 YEARS OF AGE OR OLDER: [] YES [] NO ARE YOU A CITIZEN OF THE OF THE UNITED STATES? [] YES [] NO

DO YOU HAVE A CURRENT OKLAHOMA DRIVERS LICENSE? [] YES [] NO LICENSE NUMBER: _____

LICENSE TYPE (Answer only if required for position) CDL: [] CLASS A [] CLASS B [] CLASS C OPERATORS: [] CLASS D

ADDITIONAL ENDORSEMENTS AND LICENSE RESTRICTIONS: _____

MILITARY SERVICE [] YES [] NO DATE ENTERED: ___/___/___ DATE SEPARATED: ___/___/___

TYPE OF MILITARY TRAINING: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? [] YES [] NO IF SO, WHEN (year) _____ WHERE (county/state) _____

NATURE OF CONVICTION(S): _____

DO YOU HAVE A FAMILY MEMBER(S) CURRENTLY EMPLOYED WITH EMBARK? [] YES [] NO

IF SO, PLEASE PROVIDE FULL NAME(S) AND WHAT THEIR RELATION IS TO YOU.

Form with columns: FAMILY MEMBER'S NAME, FAMILY MEMBER'S RELATION TO YOU (father, cousin, spouse, etc...)

EDUCATION Please describe below any education or training you have received which would qualify you for the job for which you are applying. Transcripts may be required.

Table with 5 columns: NAME OF SCHOOL, LOCATION, AREA OF STUDY, DID YOU GRADUATE, TYPE OF DEGREE. Rows include HIGH SCHOOL, UNIVERSITY, TECHNICAL/TRADE.

LAST REVISED 5/14

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VOLUNTARY APPLICANT SURVEY The Central Oklahoma Transportation & Parking Authority adheres to the equal opportunity guidelines set forth by state and federal laws. This information is sought in good faith, will be used for statistical purposes and will not be used in any way to discriminate against any applicant for employment. Please provide accurate information. Your participation in this survey is optional. This information will be detached before your application is processed.

Form with fields: TODAY'S DATE (MONTH, DAY, YEAR), VETERAN (y/n), DATE OF BIRTH (MONTH, DAY, YEAR), SEX (M/F), SOCIAL SECURITY NUMBER, RACE

H - HISPANIC B - BLACK A - ASIAN AMERICAN/PACIFIC ISLANDER I - AMERICAN INDIAN/ALASKAN NATIVE C - WHITE

EXPERIENCE Must be completed by all applicants (current or last employer first).

COMPANY NAME	COMPANY ADDRESS	START DATE <i>(MONTH/YEAR)</i>	END DATE <i>(MONTH/YEAR)</i>	STARTING SALARY
JOB TITLE		NUMBER AND TYPE OF EMPLOYEES YOU SUPERVISED:		ENDING SALARY
DESCRIPTION OF WORKED PERFORMED		YOUR SUPERVISOR'S NAME & PHONE:		REASON FOR LEAVING:

COMPANY NAME	COMPANY ADDRESS	START DATE <i>(MONTH/YEAR)</i>	END DATE <i>(MONTH/YEAR)</i>	STARTING SALARY
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DESCRIPTION OF WORKED PERFORMED		YOUR SUPERVISOR'S NAME & PHONE:		REASON FOR LEAVING:

Please list any additional skills, software skills, certifications or licenses you possess: _____

NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, THEN SIGN AND DATE BELOW:

Accuracy of information: Please review each page to make sure all parts are correct and complete. I understand that my eligibility will be based on the information contained on the application and any attachments.

Falsification of information: I hereby certify that all statements made on this application are true and correct and I understand that any false statement made by me on this application and any attachments could cause me to ineligible for employment or terminated from employment.

Nepotism: I understand that EMBARK prohibits an employee from hiring, promoting or supervising an immediate family member.

Verification of information: I authorize Central Oklahoma Transportation & Parking Authority (COTPA) to investigate and verify the facts claimed by me on this application and any attachments. I further authorize my former employers to provide any information requested by COTPA.

Signature

Date

If you require reasonable accommodation at any time during the hiring process, please notify one of our personnel representatives to make arrangements.