



P. O. Box 52488, Tulsa, OK 74152 (918) 582-2100 FAX (918) 599-7266

APPLICATION FOR EMPLOYMENT
PLEASE PRINT OR TYPE

NAME (FIRST, MIDDLE, LAST)			SOCIAL SECURITY NO.)		
PRESENT ADDRESS (STREET, CITY, STATE & ZIP)			PHONE		
ADDRESS PAST THREE YEARS	STREET	CITY	STATE & ZIP		HOW LONG
	STREET	CITY	STATE & ZIP		HOW LONG
	STREET	CITY	STATE & ZIP		HOW LONG
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT A CITIZEN, WHAT TYPE OF VISA DO YOU NOW HAVE? <input type="checkbox"/> STUDENT <input type="checkbox"/> PERMANENT ENTRY U.S.A. <input type="checkbox"/> OTHER SPECIFY			

POSITION APPLIED FOR		DATE AVAILABLE	SALARY DESIRED
TYPE OF WORK DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/> PART-TIME <input type="checkbox"/> COOPERATIVE EDUCATION			
WILL YOU CONSIDER SHIFT WORK OR WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU RELATED TO ANYONE EMPLOYED BY TULSA TRANSIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SCHOOLS ATTENDED NAME AND LOCATION	GRADE COMPLETED	FROM	TO	YEAR GRADUATED
HIGH SCHOOL	9 10 11 12			
BUSINESS OR VOCATIONAL SCHOOL				
COLLEGE	DEGREE RECEIVED / MAJOR SUBJECT			
COLLEGE				

ORGANIZATIONS: DO NOT LIST ANY ORGANIZATIONS, CLUBS, ETC. THE NAMES OF WHICH MIGHT INDICATE RACE, COLOR, RELIGION OR NATIONAL ORIGIN OF ITS MEMBERS

PROFESSIONAL HONORARY ORGANIZATIONS

MILITARY SERVICE DATE ENTERED (ATTACH DD-214) MOS , AFSC, BILLET	BRANCH <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD	DATE DISCHARGED
TYPE OF WORK PERFORMED		

HAVE YOU PREVIOUSLY WORKED FOR THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE			
EMPLOYMENT DATES	FROM	TO	RATE OF PAY	POSITION	
REASON FOR LEAVING					
ARE YOU NOW EMPLOYED?	IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT?		HOW WERE YOU REFERRED?		

AN EQUAL OPPORTUNITY EMPLOYER/AA/ADA AND DRUG FREE

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, EXPLAIN (ATTACH AN EXTRA SHEET IF NEEDED)
NUMBER OF AUTOMOTIVE ACCIDENTS DURING THE LAST 3 YEARS	
OTHER INFORMATION WHICH WILL ASSIST IN YOUR EMPLOYMENT (IE: FOREIGN LANGUAGES, SPECIAL SKILLS, ETC)	

EMPLOYMENT RECORD

BEGINNING WITH LAST (OR PRESENT) EMPLOYMENT, LIST WORK OF LAST 3 YEARS (LAST 10 YEARS IF APPLYING FOR DRIVING POSITION)								
DATE	FIRM NAME AND PHONE NUMBER	SUPERVISOR NAME	MAY WE CONTACT	DUTIES	SALARY	REASON FOR LEAVING	WAS THIS POSITION	
							A SAFETY SENSITIVE POSITION?	SUBJECTY TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?
FROM			YES				YES	YES
TO			NO				NO	NO
FROM			YES				YES	YES
TO			NO				NO	NO
FROM			YES				YES	YES
TO			NO				NO	NO
FROM			YES				YES	YES
TO			NO				NO	NO
FROM			YES				YES	YES
TO			NO				NO	NO
FROM			YES				YES	YES
TO			NO				NO	NO
FROM			YES				YES	YES
TO			NO				NO	NO
FROM			YES				YES	YES
TO			NO				NO	NO
FROM			YES				YES	YES
TO			NO				NO	NO
FROM			YES				YES	YES
TO			NO				NO	NO
FROM			YES				YES	YES
TO			NO				NO	NO

IF YOU NEED MORE SPACE, PLEASE ATTACH A SEPARATE SHEET.

THIS SECTION TO BE COMPLETED BY DRIVER, OPERATOR, AND OTHER APPLICANTS WHO WILL BE USING COMPANY VEHICLES

DRIVER'S LICENSE NUMBER	DATE OF EXPIRATION	ISSUED BY WHICH STATE	TYPE OF LICENSE <input type="checkbox"/> C.D.L. <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER ENDORSEMENT	
HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED, DENIED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF THE ANSWER TO EITHER OF THESE QUESTIONS IS YES, ATTACH A STATEMENT GIVING DETAILS
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NUMBER OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMITRAILOR				
TRACTOR TWO TRAILERS				
BUS				
LIST STATES OPERATED IN DURING LAST TEN YEARS				
SHOW SPECIAL COURSES OR TRAINING THAT MIGHT HELP YOU AS A DRIVER				
WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?				
ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)				
DATES (BEGIN WITH MOST RECENT)	NATURE OF ACCIDENT (HEAD-ON, REAR END, UP END, WHO HIT WHO, ETC.)		FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES (OTHER THAN PARKING VIOLATIONS) FOR THE PAST 3 YEARS AND ANY CONVICTIONS OR FORFEITURES INVOLVING POSSESSION, SALE, MANUFACTURING, TRANSPORTATION OR USE OF DRUGS.

LOCATION	DATE	CHARGE	PENALTY

I UNDERSTAND THAT THE INFORMATION ON THIS APPLICATION WILL BE USED AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR THE PURPOSE OF INVESTIGATION.
THIS IS REQUIRED BY CFR Part 383.35 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

REFERENCES

LIST PERSONAL REFERENCES – NOT RELATIVES OR FORMER EMPLOYERS

NAME	ADDRESS AND PHONE NUMBER	YEARS KNOWN

TO BE READ AND SIGNED BY APPLICANT

Please read the following statements carefully. Sign only after the entire application has been completed and checked for accuracy.

- 1. I certify that this application was completed by me and all entries and information included in this application are true and complete to the best of my knowledge. I authorize all persons listed in the Reference section, Schools, Current employer(s) (if previously approved by me in the Experience section) and all other former employers or organizations listed in this application to provide Tulsa Transit any pertinent information requested to arrive at an employment decision. I also understand that any misrepresentation or deliberate omission of a material fact in my application may be justification for refusal, or if employed, separation from Tulsa Transit employment.**
- 2. I understand that after a conditional job offer is made, I must successfully complete a D.O.T. physical exam and drug screen administered by Tulsa Transit’s physicians.**
- 3. It is understood that this application will be in effect for six months from the date indicated below and if employment is not offered within the six month period, I must reapply to be considered for future employment.**
- 4. I understand that the information on this application will be used and that prior employers will be contacted for the purpose of investigation. This is required by CFR part 383.35 of the Federal Motor Carrier Safety Regulations.**

Signature of Applicant

Date



Affirmative Action Self-Identification Record (Applicant)

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this information is strictly voluntary, and refusal to provide it will not affect your opportunity for employment. This will not be used for hiring, placement, or any other decision relating to terms and conditions of employment. Any information provided will be kept confidential and used only in accordance with Federal regulations.

Name: _____ Social Security No: _____
Print (First, MI, Last)

Date: _____ Position Applying For: _____

Please place and X in the appropriate box (select only one for each category)

Ethnic Classification:

Sex:

- Caucasian
- African American
- Asian
- Hispanic/Latino
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander

- Male
- Female

How did you learn about employment opportunities with Metropolitan Tulsa Transit Authority?

- Employee Referral (Employee Name: _____)
- Walk-In
- Newspaper
- Radio
- Website/Internet
- Agency (Agency Name: _____)
- State Job Service
- Other

Metropolitan Tulsa Transit Authority is an Equal Opportunity Employer