Oklahoma Department of Transportation

Civil Rights Division

TAP Program Application

200 N. E. 21st Street
Oklahoma City, Oklahoma 73105
Fax(405)522-2136

Stillwater Oklahoma
September 26th-29th, 2016

Name: _____ **Date:** _____
(please print clearly)

Please check below which best describes your current situation:

Child care issues _____ Transportation issues _____ Financial Problems _____ Want/need GED _____

Difficulty speaking/writing/reading English _____ Special Education student _____

Bilingual – What languages? _____ Need immediate work? _____

Interested in: School-based training? _____ Job search assistance? _____

On-the-job-training (OJT) for any of the following clusters?
Safety _____ First-Aid _____ CDL& Drivers License _____ Construction Equipment _____ Lifeskills _____

Employment Goal

Are you looking for full-time or part-time work? Full time _____ Part-time _____

What type of career field/job would you like to pursue at this time: _____

Authorized to Work in the U.S.?

U.S. Citizen _____ Registered Alien/Refugee ____

Labor Force Status

Unemployed ____ Employed Part-time ____ Employed Full-time ____

Training Period

Are you willing to attend a week long certification program ? Yes_____ No _____

Education Status

Attained High School Diploma: Yes _____ No_____ GED completed: Yes _____ No_____
Highest Grade Completed:

HS Fresh ___ HS Soph ___ HS Junior ___ HS Senior ___
College Fresh ___ College Soph ___ College Junior ___ College Senior ___ Bachelor ____
Masters_____Doctorate ____

Background/Applicant Information (please print clearly)

Last Name _____ First Name _____ MI ___

Street Address _____

City _____ State _____ Zip _____

County _____

Telephone: Home _____ Cell _____

Email Address _____

Birthdate: _____ (Month/Day/Year)

Gender: Male ___ Female ___

Veteran Status

Veteran? Yes ____ No __

Race: (Check all that apply) The following information is voluntary. This information is requested for federal record keeping purposes only.

White ___ Black ___ American Indian/Alaskan Native ___ Asian ___ Native Hawaiian/Pacific Islander ___

Hispanic ___ Other_____

Do you require Reasonable Accomodation ? _____Any Dietary Needs?_____
How did you learn about this training ? _____

Job History

(Complete for up to the past 5 years; last job first. Fill in ALL blanks.)

Employer Name _____

Employer Address _____

City _____ State _____ Zip _____

Type of Industry _____ Job Title _____

Still Employed _____ Still Employed, Layoff Pending _____ Not Employed _____

Expected Layoff Date _____

Dates Worked: From _____ to _____ Hours per Week _____

Ending Wage: _____ per _____ Hourly Wage _____ Amount of Severance _____

Reason for Leaving: Laid-off ___ Quit ____ Discharged ___ Still Working PT ___ Labor Dispute ___ Other __

Duties, skills, responsibilities, equipment used: _____

_____

Employer Name _____

Employer Address _____

City _____ State _____ Zip _____

Type of Industry _____ Job Title _____

Still Employed _____ Still Employed, Layoff Pending _____ Not Employed _____

Expected Layoff Date _____

Dates Worked: From _____ to _____ Hours per Week _____

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Reason for Leaving: Laid-off ___ Quit ____ Discharged ___ Still Working PT ___ Labor Dispute ___ Other __

Duties, skills, responsibilities, equipment used: _____

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Dates Worked: From _____ to _____ Hours per Week _____

Ending Wage: _____ per _____ Hourly Wage _____ Amount of Severance _____

Reason for Leaving: Laid-off ___ Quit ____ Discharged ___ Still Working PT ___ Labor Dispute ___ Other __

Duties, skills, responsibilities, equipment used: _____

_____

Family Type

Parent in a one-parent family ____ Parent in a two-parent family ____

Single, living with relatives/friends ____ Single, living alone ____

Please list any other type of training that you would be interested in:

Read the following; Sign and Date Below

Notice of Certification: I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I have been advised that this information will be entered into a computerized information system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I agree to participate in the TAP Program post-training follow-up. I hereby acknowledge that if the information relating to eligibility determination and/or post-training follow-up (employment information) requires verification/documentation, by my signature I authorize others to release the information required.

Customer Signature _____ **Date** _____

The Oklahoma Department of Transportation (ODOT) ensures that no person or group of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities by ODOT, its recipi-ents, sub-recipients, and contractors