



# Oklahoma Department of Transportation

## Civil Rights Division

### TAP Program Application

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

Tulsa Oklahoma October  
25th, to October 28,2016

**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 \_\_\_

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**Veteran Status**

**Veteran?** Yes \_\_\_ No \_\_\_

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**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 Accommodation? \_\_\_\_\_ Any Dietary Needs? \_\_\_\_\_

How did you learn about this training? \_\_\_\_\_

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**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 \_\_\_\_\_  
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 \_\_\_\_\_  
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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: \_\_\_\_\_  
\_\_\_\_\_

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**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:

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**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 recipients, sub-recipients, and contractors*