

Ozarks Transportation Organization

2208 W. Chesterfield Blvd. Suite 101, Springfield, MO 65807

417-865-3042

ozarkstransportation.org



Employee Application

Please inform us if you require assistance in filling out an application or taking a pre-employment test. Individuals with disabilities should request reasonable accommodations in accordance with the American Disabilities Act prior to testing or appointment.

INSTRUCTIONS TO APPLICANT Type or print legibly in completing all pages of this application. Please **SIGN LAST PAGE**. The application and any attachments become the property of Ozarks Transportation Organization.

| | | | | |
|---|-------|--------|--------------------------------|--|
| Name: Last | First | Middle | TELEPHONE: Home (Area Code) | TELEPHONE: Business/Day (Area Code) |
| E-Mail Address: | | | | |
| ADDRESS: Number | | Street | | Apt. No. |
| CITY | STATE | ZIP | SOCIAL SECURITY NUMBER | |
| Are you a United States Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/> If you are not a citizen, give the number of your permanent resident card, work permit, or employment authorization card (provide copy of front and back of card): # _____ Expiration Date: _____ | | | | |
| How did you hear about the position? _____ | | | | |
| Have you ever been convicted of, or plead guilty to, any federal, state, or municipal criminal offense? (This includes ALL TRAFFIC VIOLATIONS, including speeding, etc.) | | | | |
| YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, list complete conviction record- use additional sheets if necessary.) | | | | |
| DATE: _____ OFFENSE: _____ LOCATION: _____ | | | | |
| Please Check One: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony | | | | |
| EXPLANATION (Please give full details): _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| A conviction will not automatically disqualify you from consideration. We will consider the nature of the offense in relation to the job for which you are applying. We will also consider your record since the offense was committed. | | | | |

List below information concerning military duty, if any. **MUST attach DD214** to verify military service and type of discharge. No credit will be given if form is not attached.

Branch of Service: _____ Serial #: _____
 Type of Discharge: _____ Dates of Service: _____

Date available for employment: _____

Name of High School Attended: _____
 Did you graduate or obtain equivalency diploma? YES NO

VOCATIONAL EDUCATION (BUSINESS SCHOOL, TRADE SCHOOL, SERVICE SCHOOL, ETC.
 COLLEGE AND UNIVERSITY (UNDERGRADUATE, GRADUATE, PROFESSIONAL)

| NAME AND LOCATION | COURSES OF STUDY | DIPLOMA, CERTIFICATE, OR DEGREE RECIEVED | CREDIT HOURS EARNED |
|-------------------|------------------|---|---------------------------|
| | | | |
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| | | | |
| | | | |
| | | | |

NOTE: TO RECEIVE CREDIT FOR COLLEGE EDUCATION, YOU MUST SUBMIT YOUR TRANSCRIPT(S).

*Please list all applicable licensures, license number(s), and expiration date(s), **this includes drivers license and CDL information:***

In the space below, list your complete record of employment for the **PAST TEN YEARS** and any other relevant **work/volunteer** experience. Start with your present or most recent position and continue in descending order. List positions in the order you held them. List any periods of unemployment. If the vacancy announcement includes an experience requirement, **be sure to show clearly that you meet such requirement**. If more space is needed, attach separate sheet(s) to this application.

| | | | |
|-----------------------------|-------|----------------------------|---|
| Employer | | <u>Dates of Employment</u> | |
| Supervisor's Name and Title | | FROM MO/YR | TO MO/YR |
| Address | | Starting Salary | Final Salary |
| City | State | Phone | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Your Exact Title | | Reason For Leaving | |
| Specific Duties | | | |

| | | | |
|-----------------------------|-------|----------------------------|---|
| Employer | | <u>Dates of Employment</u> | |
| Supervisor's Name and Title | | FROM MO/YR | TO MO/YR |
| Address | | Starting Salary | Final Salary |
| City | State | Phone | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Your Exact Title | | Reason For Leaving | |
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| | | | |
|-----------------------------|-------|----------------------------|---|
| Employer | | <u>Dates of Employment</u> | |
| Supervisor's Name and Title | | FROM MO/YR | TO MO/YR |
| Address | | Starting Salary | Final Salary |
| City | State | Phone | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Your Exact Title | | Reason For Leaving | |
| Specific Duties | | | |

It is our practice not to contact a present employer without the candidate's consent. Please DO NOT submit references at this time.

Name _____

SSN # _____

APPLICANT CERTIFICATION, RELEASE OF INFORMATION, AND AUTHORIZATIONS

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if prior to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the denial of employment. I also understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions may be just cause for termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made.

I, the undersigned, do hereby authorize Ozarks Transportation Organization and/or its designated provider to conduct an investigation with respect to my application for employment and my qualifications and fitness for the position I have applied for and for employment with Ozarks Transportation Organization. I release Ozarks Transportation Organization, my former employers, and personal references from any liability or damage caused by giving and receiving information or opinions as to my employment or character. Information obtained may include residential, achievement, job performance, attendance, employment history, personal references, credit reports, driving records, and criminal history records.

I agree to hold Ozarks Transportation Organization harmless and in no event shall Ozarks Transportation Organization be liable to me for special, indirect, or consequential damages for the refusal of employment due to information obtained during my background security check. Any information obtained through former employers and/or personal references will become property of Ozarks Transportation Organization.

I understand that if I have questions regarding any portion of the employment procedure, I have the right to contact Ozarks Transportation Organization for clarification.

Applicant Signature _____ Date _____