



Oklahoma Department of Transportation

Civil Rights Division

TAP Program Application

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

Bartlesville,OK
January 26-29, 2015

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 ___

Areas of Concern

Please check all that apply:

Supporting myself during job search _____ Making realistic career decisions _____

Dealing with drug/alcohol issues _____ Getting job-related training ___ Overcoming physical handicaps _____

Dealing with parole/probation issues _____ Experiencing legal problems _____

Overcoming depression/discouragement _____

Veteran Status

Selective Service Compliant (males)? Yes _____ No _____

Veteran? Yes _____ No _____ Oklahoma Veteran? Yes _____ No _____ Branch of Service _____

Service Dates: From _____ (month/day/year) to _____ (month/day/year)

Nature of Discharge: Honorable _____ Dishonorable _____ Less than Honorable _____

Discharged due to service-connected disability _____

Ethnicity: (Check all that apply)

White ___ Black ___ American Indian/Alaskan Native ___ Asian ___

Native Hawaiian/Pacific Islander ___ Hispanic ___

Do you require Reasonable Accommodation? _____ 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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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: _____

Other Assistance

Food Stamp Recipient Yes ___ No ___ Homeless Individual Yes ___ No ___
(Please indicate if you are receiving food stamps now or within the past 6 months.)

Family Type

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

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

Name(s) of Family Member(s) (list yourself first)	Relationship	Age	Has Income?	Dependent?
	SELF			

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 groups of persons shall, on the grounds of race, color, sex, age, national origin, disability/handicap, or income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by ODOT, its recipients, sub-recipients, and contractors.