



**EDUCATIONAL INFORMATION**

Please submit verification of all degrees, diplomas, or certifications, and transcripts with this application.

Schools Attended	Name of School and Location	Did you graduate?	Degree, Diploma, and/or Certificate	Major Course of Study
High School	Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Name: _____	Yes No	Circle One: Diploma GED	
Technical, Vocational, Business, or Military Training		Year:		
College or University		Year:		
Graduate School		Year:		
Professional Seminars		Year:		

Additional JOB-RELATED seminars, short courses, workshops, or other educational experiences:

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Other JOB-RELATED certificates, licenses, equipment qualified to operate, computer hardware and software operated, and other JOB-RELATED special skills and abilities:

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List professional, trade, business, or civic activities, volunteerism, and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

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Do you speak any languages other than English?

 Yes    No   If yes, what and how fluently? \_\_\_\_\_
Do you have a valid driver's license?       Yes       NoDo you have a Commercial Driver's License (CDL)?       Yes       NoSchool bus endorsement?       Yes       NoAir brake endorsement?       Yes       NoPassenger endorsement?       Yes       No

Have you had your driver's license suspended or revoked in the last three years?

 Yes    No   If yes, explain \_\_\_\_\_

Note: A National Driver Record and/or Motor Vehicle Report will be run on all applicants hired for Bus Driver or Substitute Bus Driver Positions.

**EMPLOYMENT HISTORY**

List employers in consecutive order with present or most recent employer listed first. Include month and year of employment. **This section must be completed, even if a resume is attached.** If you are unable to list all past jobs or periods of unemployment on this page, please attach additional sheets.

Company Name:	Dates of Employment: From: _____ To: _____
Address:	Supervisor: _____ Phone Number: ( )
City, State, Zip:	Your name when employed, if different from present:
Job Title and Duties:	Reason for Leaving:
Final Salary: \$ _____ per	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name:	Dates of Employment: From: _____ To: _____
Address:	Supervisor: _____ Phone Number: ( )
City, State, Zip:	Your name when employed, if different from present:
Job Title and Duties:	Reason for Leaving:
Final Salary: \$ _____ per	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name:	Dates of Employment: From: _____ To: _____
Address:	Supervisor: _____ Phone Number: ( )
City, State, Zip:	Your name when employed, if different from present:
Job Title and Duties:	Reason for Leaving:
Final Salary: \$ _____ per	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been fired from a job or asked to resign?  
 Yes  No If yes, explain \_\_\_\_\_

Please account for any periods of time you were not employed after leaving school in the past ten years.  
 (You need not list any employment periods of one month or less.)

Time Period	Reason(s) for Unemployment
From: _____ To: _____	
From: _____ To: _____	
From: _____ To: _____	

## REFERENCES

Please provide three individuals who can attest to your suitability for the position you are applying for.

**Attach 1 personal and 1 professional letter of recommendation to application.**

Name	Occupation	Address	Phone
			( )
			( )
			( )

## PLEASE READ THIS SECTION CAREFULLY

Read each section carefully and initial each paragraph before signing.

### Initials:

\_\_\_\_\_ By my signature and initials, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information, misrepresentation, or material omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment by the agency if discovered at a later date. I agree to immediately notify the agency if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending or during my period of employment, if hired.

\_\_\_\_\_ I authorize any person, school, current employer (except as previously noted), past employer(s), government or investigative agencies, and other agencies that may be named in this application from (and accompanying resume, if any) to provide OWCAP with relevant information and opinion that may be useful to the agency in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_ I agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am applying or any future job, if hired. I understand that I will be required to successfully pass a drug screen. I hereby consent to a post-offer, pre-employment drug screen as a condition of employment and of continued employment, if hired.

\_\_\_\_\_ I authorize the agency to obtain the following information in connection with my application for employment, or, if hired, at any time during my employment: criminal and/or motor vehicle records, employment records, educational records, and/or investigative consumer reports including credit reports obtained through a consumer reporting agency. I acknowledge that OWCAP has informed me that it may make use of this information in evaluating my application for employment, and in decisions regarding hiring, compensation, promotion, reassignment, retention, and other terms of employment at the agency. I authorize the agency to make use of the above-referenced information and waive any claim against the agency for using such information in good faith.

\_\_\_\_\_ I understand that, if employed and my employment is terminated by the agency for dishonesty, breach of trust or agency policy, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.

\_\_\_\_\_ I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time. If hired, I understand that I have been hired at the will of the agency and that my employment may be terminated at any time, regardless of the date of payment of wages or salary, with or without cause and with or without notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AFFIRMATIVE ACTION INFORMATION FORM**

OWCAP is an affirmative action government contractor. In compliance with government regulations, we are required to track the number of our applicants by gender, race, ethnicity, and the positions for which they have applied. This information will be kept separate from your application and will be used only in accordance with federal and state regulations.

You are not required to provide this information. We invite you to answer the following questions. Your application for employment will be considered in the same manner whether or not you fill out this form.

**PART ONE**

Please answer the following questions.

- 1. Gender:                     Male         Female
  
- 2. Race/Ethnic Group:
  - White, not of Hispanic origin: All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
  - Black, not of Hispanic origin: All persons having origins in any of the black racial groups of Africa.
  - Hispanic: All persons or Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
  - Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
  - American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
  - Other: Please specify \_\_\_\_\_
  
- 3. Are you a Veteran?     Yes         No  
If yes, in what branch of the military did you serve? \_\_\_\_\_

**PART TWO**

Please include the following information for recording purposes only.

Position Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

How did you learn about this position?

- Listing at Department of Workforce Services
- Newspaper advertisement
- Internet search
- Referral from a counselor or college professor
- Advertisement on the marquis in front of the building
- Job Announcement posted at the Agency
- Job Announcement posted at another location, where: \_\_\_\_\_
- Staff Referral, please list employee name: \_\_\_\_\_
- Other, please explain: \_\_\_\_\_