



APPLICATION FOR EMPLOYMENT

All applicants must possess a valid State of Oklahoma Driver's License, be able to pass a drug screen & physical, and have a satisfactory background check. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications.

POSITION APPLIED FOR: _____

ANY

PERSONAL INFORMATION			
NAME (LAST, FIRST MIDDLE)			
STREET ADDRESS AND/OR MAILING ADDRESS		CITY	STATE OK
PHONE NUMBER: () -	SOCIAL SECURITY NUMBER - -	DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> CDL <input type="checkbox"/> NO	
DATE AVAILABLE TO START WORK:		DESIRED SALARY OR RANGE: \$	
POSITION INFORMATION			
AVAILABILITY OR PREFERENCES: (PLEASE CHECK ALL THAT APPLY) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> DAYS <input type="checkbox"/> PART-TIME <input type="checkbox"/> NIGHTS <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SWING SHIFTS <input type="checkbox"/> SUMMER HELP <input type="checkbox"/> WEEKENDS		HAVE YOU APPLIED FOR TPWA BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN: _____ HAVE YOU BEEN EMPLOYED BY TPWA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN: _____	
ARE YOU AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU READ THE JOB DESCRIPTION FOR THE POSITION YOU ARE APPLYING FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, CAN YOU PERFORM THE DUTIES & RESPONSIBILITIES ASSOCIATED WITH THE JOB DESCRIPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
QUALIFICATIONS			
<i>Please list your education and training you feel relates to the position applied for, such as schools, colleges, degrees, vocational or technical programs, apprenticeships, military training, etc.</i>			
	SCHOOL NAME & CITY/STATE	COURSE OF STUDY	DEGREE OR YEARS/HOURS COMPLETED
HIGH SCHOOL		GENERAL STUDIES	DIPLOMA/GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE			
VOC/TECH			
OTHER(S)			

WORK HISTORY List all positions you have had starting with your current or most recent job.

JOB TITLE:		START DATE:	END DATE:
COMPANY:	SUPERVISOR:		PHONE NUMBER: () -
CITY/STATE:		STARTING WAGE: \$	ENDING WAGE: \$
REASON FOR LEAVING:			
DUTIES & RESPONSIBILITIES:			
JOB TITLE:		START DATE:	END DATE:
COMPANY:	SUPERVISOR:		PHONE NUMBER: () -
CITY/STATE:		STARTING WAGE: \$	ENDING WAGE: \$
REASON FOR LEAVING:			
DUTIES & RESPONSIBILITIES:			
JOB TITLE:		START DATE:	END DATE:
COMPANY:	SUPERVISOR:		PHONE NUMBER: () -
CITY/STATE:		STARTING WAGE: \$	ENDING WAGE: \$
REASON FOR LEAVING:			
DUTIES & RESPONSIBILITIES:			
JOB TITLE:		START DATE:	END DATE:
COMPANY:	SUPERVISOR:		PHONE NUMBER: () -
CITY/STATE:		STARTING WAGE: \$	ENDING WAGE: \$
REASON FOR LEAVING:			
DUTIES & RESPONSIBILITIES:			
JOB TITLE:		START DATE:	END DATE:
COMPANY:	SUPERVISOR:		PHONE NUMBER: () -
CITY/STATE:		STARTING WAGE: \$	ENDING WAGE: \$
REASON FOR LEAVING:			
DUTIES & RESPONSIBILITIES:			

SPECIAL SKILLS OR EXPERIENCE

Please list any special skills or experience that you feel would help you in the position you are applying for, such as leadership, organizations, volunteer work, clubs, hobbies, extra-curricular activities, offices held, etc.

REFERENCES

NAME:	RELATIONSHIP:	PHONE NUMBER: () -
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NAME:	RELATIONSHIP:	PHONE NUMBER: () -

I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS, OMISSIONS, OR MISREPRESENTATIONS MAY RESULT IN MY DISMISSAL. I AUTHORIZE THE EMPLOYER TO MAKE AN INVESTIGATION OF ANY OF THE FACTS SET FORTH IN THIS APPLICATION AND RELEASE THE EMPLOYER FROM ANY LIABILITY. THE EMPLOYER MAY CONTACT ANY LISTED REFERENCES ON THIS APPLICATION.

I ACKNOWLEDGE AND UNDERSTAND THAT THE COMPANY IS AN "AT-WILL" EMPLOYER. THEREFORE, ANY EMPLOYEE MAY RESIGN AT ANY TIME, JUST AS THE EMPLOYER MAY TERMINATE THE EMPLOYMENT RELATIONSHIP WITH ANY EMPLOYEE AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE.

APPLICANT SIGNATURE

DATE

HUMAN RESOURCES USE ONLY

ARRANGED INTERVIEW: YES NO

INTERVIEWER: _____

DATE: _____

COMMENTS: _____

HURED: YES NO

HIRE DATE: _____

DEPARTMENT: _____

JOB TITLE: _____

STARTING WAGE: _____