



**OZARKS TRANSPORTATION ORGANIZATION**  
 2208 W Chesterfield Blvd, STE 101, Springfield MO 65807  
 Phone: (417) 865-3042 Fax: (417) 862-6013  
<http://www.ozarkstransportation.org>

*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
If you are not a U.S. Citizen, are you prevented from lawfully becoming employed in this country due to Visa or immigration status? YES NO If you are not prevented from lawfully becoming employed in this country due to Visa or immigration status, 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 NO (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): _____ _____ _____				
<b>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.</b>				

List below information concerning military duty, if any.

Branch of Service: \_\_\_\_\_

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

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

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

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\_\_\_\_\_

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.

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	Circle One Full Time Part Time
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	Circle One Full Time Part Time
Your Exact Title		Reason For Leaving	
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Address		Starting Salary	Final Salary
City	State	Phone	Circle One Full Time Part Time
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 \_\_\_\_\_

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 understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligations for Ozarks Transportation Organization to hire me. If I am hired, I understand my employment is at will and that either Ozarks Transportation Organization or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Ozarks Transportation Organization has the authority to make any assurance to the contrary.

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 \_\_\_\_\_