



Metro Technology Centers

1900 Springlake Drive • Oklahoma City, Oklahoma 73111
405-424-TECH

APPLICATION FOR EMPLOYMENT

Position Applied For _____ Date of Application _____

When are you Available for Employment _____ Acceptable Minimum Salary _____

Referral Source: () Advertisement () Friend () Relative () Agency () Website () Other _____

Additional materials submitted with employment application become property of Metro Tech and may not be returned to applicants.

PERSONAL DATA

Name _____
Last First Middle

Present Address _____
Number Street City State Zip Code

Permanent Address _____
Number Street City State Zip Code

Home Phone () _____ Business Phone () _____ Cell Phone () _____

Are you related to anyone who is currently employed at Metro Tech? () No () Yes _____
If yes, name and relationship

Have you ever been employed here before? () No () Yes Date: _____

Are you available to work? () Full-time () Part-time Shift Work () No () Yes

Are there any periods during the year when you will not be available for work? () No () Yes When? _____

Have you ever been convicted of a felony? () No () Yes

If yes, explain _____

Metro Tech considers all qualified applicants for each position and does not discriminate with regard to race, color, national origin, sex/gender, age, marital or veteran status, religion, pregnancy or qualified disability. This policy is followed in the operation of its educational programs and activities, recruitment, admissions and employment practices.

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION POLICY

Complete Information Requested for each Level of Education	School Name and Location City & State	Dates Attended		Type of Certificate, Diploma, Degree & Major
		From	To	
High School				
College or University				
Military School(s) Apprenticeship, or Other Trade or Technical Training Programs				

Please continue on a separate sheet of paper if you need additional space.

EMPLOYMENT EXPERIENCE

List each position held, beginning with your present or most recent position. Work back through previous positions and include military. Continue on a separate sheet of paper if you need additional space. A resume may be submitted with application, but cannot be submitted in lieu of experience.

Dates Employed		Name and Address of Employer		Summary of Work Performed
F R O M	Mo. ___ Yr. ___	Name:		
		Address:		
T O	Mo. ___ Yr. ___	Phone: ()		
Job Title:		Ending Salary:		
Supervisor:				
Reason for Leaving:		() Full Time () Part Time		

Dates Employed		Name and Address of Employer		Summary of Work Performed
F R O M	Mo. ___ Yr. ___	Name:		
		Address:		
T O	Mo. ___ Yr. ___	Phone: ()		
Job Title:		Ending Salary:		
Supervisor:				
Reason for Leaving:		() Full Time () Part Time		

Dates Employed		Name and Address of Employer		Summary of Work Performed
F R O M	Mo. ___ Yr. ___	Name:		
		Address:		
T O	Mo. ___ Yr. ___	Phone: ()		
Job Title:		Ending Salary:		
Supervisor:				
Reason for Leaving:		() Full Time () Part Time		

EMPLOYMENT EXPERIENCE CONTINUED

Dates Employed		Name and Address of Employer	Summary of Work Performed
F R O M	Mo. ____ Yr. ____	Name:	
		Address:	
T O	Mo. ____ Yr. ____		
		Phone: ()	
Job Title:		Ending Salary:	
Supervisor:			
Reason for Leaving:			() Full Time () Part Time

Dates Employed		Name and Address of Employer	Summary of Work Performed
F R O M	Mo. ____ Yr. ____	Name:	
		Address:	
T O	Mo. ____ Yr. ____		
		Phone: ()	
Job Title:		Ending Salary:	
Supervisor:			
Reason for Leaving:			() Full Time () Part Time

TEACHER CERTIFICATION AND LICENSING

Do you presently hold any type of teaching or administrative certification in Oklahoma? () Yes () No

If yes, list type, number and expiration date of certificate:

Type _____ No. _____ Expiration Date _____

Type _____ No. _____ Expiration Date _____

Type _____ No. _____ Expiration Date _____

Note: Specific information about CareerTech teaching certification can be obtained by contacting the appropriate State Program Administrator at the Oklahoma Department of Career and Technology Education at 1515 West Sixth Avenue, Stillwater, OK 74074, Telephone (405) 377-2000. www.okcareertech.org

TRADE CERTIFICATION AND LICENSING

Are you licensed or certified by any trade or profession? () Yes () No

If yes, indicate kind of license or certificate _____

License or Certificate shall be required before job placement

GENERAL INFORMATION

List any professional activities, organizations, skills such as software packages, machine operation, special training, and/or certifications, etc., or other information that is pertinent to this application and the position applied for. Please continue on separate sheet of paper if you need additional space.

REFERENCES

Persons listed must be able to provide information related to performance on the job.

Relationship	Name	Business Address	City	State	Zip Code	Phone

AGREEMENT

I certify that answers given herein are true and complete. False or misleading information given in my application or interview(s) will result in my not being hired and may result in discharge at anytime. I authorize you to refer to any current or former employers or others to verify statements made. Failure to complete this application in full will result in disqualification of my application. I understand that pre-employment drug screens and criminal history record report are a part of the hiring procedures for all positions at METRO TECH.

Legal Signature of Applicant

Date

OUR MISSION

Metro Technology Centers prepares people for successful employment and life in a global society.

OUR VISION

To be the very best we can be at serving our students and stakeholders and to find joy in doing so.

OUR CORE VALUES

We are customer focused.

We are learning centered.

We are ethical in practice.

We are innovative in delivery.

We are dedicated to continuous quality improvement.

We do whatever it takes to forward our mission and Performance Excellence Plan.



Preparing for Life



EMPLOYEE QUESTIONNAIRE

Please provide the following information. It will be of assistance to the school district in conjunction with our Affirmative Action Program and will not be used for discriminatory purposes. This is strictly voluntary.

Name _____ SS# _____

Date of birth _____ Sex: Male Female

Position applied for _____

RACIAL/ETHNIC GROUP

- Black or African American
- American Indian or Alaskan Native
- White
- Hispanic or Latino
- Asian or Pacific Islander
- Other Race/Ethnic Origin, specify _____

Please check all that apply to you.

() SPECIAL DISABLED VETERAN

- (i) a veteran of the U.S. military ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability.
 - (a) Rated at 30 percent or more, or
 - (b) Rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 of Title 38, U.S.C., to have a serious employment handicap; or
- (ii) a person who was discharged or released from active duty because of service-connected disability.

() VETERAN OF THE VIETNAM-ERA

A person who served more than 180 days of active military, naval, or air service, any part of which was during the period August 5, 1964, through May 7, 1975, and

- (i) Was discharged or released there from with other than a dishonorable discharge, or
- (ii) Was discharged or released from active duty because of a service-connected disability.

() NEWLY SEPARATED VETERANS

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

() OTHER PROTECTED VETERANS

Veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.