

EMPLOYMENT APPLICATION

INSTRUCTIONS: READ CAREFULLY BEFORE FILLING OUT THIS FORM

• Print or type all information – ENTRIES MUST BE READABLE.

• Based on this application, should you be considered for employment, we may conduct a personal background investigation, including any civilian or military judicial records.

• Information given on this application form or submitted separately (addendums, address changes, etc.) is subject to investigation and verification. The penalty for willful misrepresentation or falsification is: forfeiture of position if employed by the state, ineligibility for employment in state service for a period of five (5) years, fine ranging from fifty (\$50) to one thousand (\$1,000) dollars and/or imprisonment for up six (6) months.

POSITION(S) FOR WHICH YOU ARE APPLYING _____

1. ARE YOU APPLYING FOR SUMMER WORK? YES NO	
2. NAME _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> Last First Middle </div>	
3. ADDRESS _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> Street, Number or RFD City State Zip </div>	
4. TELEPHONE NUMBER _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto; font-size: small;"> A/C Home Leave Message A/C Work Leave Message A/C Alternate Leave Message </div>	

5. EDUCATION							
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED CERTIFICATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	HIGH SCHOOL NAME AND LOCATION				NUMBER OF THE LAST SCHOOL GRADE COMPLETED		
<i>Schools Attended After High School or Special Training Received</i>							
NAME	LOCATION <small>City, State</small>	FROM <small>Mo./Yr.</small>	TO <small>Mo./Yr.</small>	GRADUATE	TYPE DEGREE OR DIPLOMA	MAJOR SUBJECT(S)	CREDIT HOURS
				YES <input type="checkbox"/> NO <input type="checkbox"/>			
				YES <input type="checkbox"/> NO <input type="checkbox"/>			
				YES <input type="checkbox"/> NO <input type="checkbox"/>			

6. SPECIAL QUALIFICATIONS, SKILLS, LANGUAGES	KIND OF LICENSE/CERTIFICATE	STATE OR OTHER LICENSING AUTHORITY
	YEAR OF FIRST LICENSE/ CERTIFICATE	YEAR OF LAST LICENSE/ CERTIFICATE
TYPING SKILL _____ WPM	DO YOU HAVE AN OKLAHOMA DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
7. ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF NO 1. Please provide your alien registration number _____		
2. Have you been approved by the Immigration Department for the type of employment (full-time, part-time, etc.) for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/>		

<i>Office Use Only</i>	
Class Title _____	Class Code _____
Certificate Number _____	Date Interviewed _____
Interviewed By _____	
Certificate Action _____	
Type of Appointment _____	EOD Date _____

8. EMPLOYMENT HISTORY List below your work history (including volunteer work), beginning with your present or most recent job, emphasizing your specific tasks and supervisory, technical or other responsibilities. Give special attention to experience relating to the job for which you are applying. Attach additional sheets if necessary.

May we check with your PRESENT supervisor regarding your work experience? YES NO

Employer's Name, Telephone Number and Address (Firm, Organization, etc.)	Exact Title of Position	FROM Mo./Yr.	TO Mo./Yr.
Duties (Be Specific)		TOTAL TIME Yrs./Mos.	HRS/WK
		SALARY	
		Starting \$	Ending \$
Number and Kind of Employees You Supervised	Reason for Leaving	Supervisor's Name/Title	
Employer's Name, Telephone Number and Address (Firm, Organization, etc.)	Exact Title of Position	FROM Mo./Yr.	TO Mo./Yr.
Duties (Be Specific)		TOTAL TIME Yrs./Mos.	HRS/WK
		SALARY	
		Starting \$	Ending \$
Number and Kind of Employees You Supervised	Reason for Leaving	Supervisor's Name/Title	
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Duties (Be Specific)		TOTAL TIME Yrs./Mos.	HRS/WK
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Employer's Name, Telephone Number and Address (Firm, Organization, etc.)	Exact Title of Position	FROM Mo./Yr.	TO Mo./Yr.
Duties (Be Specific)		TOTAL TIME Yrs./Mos.	HRS/WK
		SALARY	
		Starting \$	Ending \$
Number and Kind of Employees You Supervised	Reason for Leaving	Supervisor's Name/Title	

10. I certify that all information given by me in regard to application for state employment is complete and correct to the best of my knowledge and belief. You may contact previous employers to verify the information.

	
SIGNATURE	DATE