

**CLEET ACCREDITATION RESUME FORM
OKLAHOMA DEPARTMENT OF CORRECTIONS**

Name: _____

Phone number: _____ E-mail: _____

CLEET # if applicable: _____

CAREER RESUME (please list position and tenure):

Present Position: _____

Previous Position: _____

Education	Name & Location	Dates Attended	Hours Completed	Degrees & Majors
Registration, certification or licensure:		Granted By:		Effective Dates:

Qualifying Experience – (List only jobs that include relevant experience) – Begin with most recent:

Employer and Location	Position Held	Date Employed	Date Separated	Description of Duties

Professional Training: _____

Which, if any, of the following CLEET instructor certifications do you hold?

Basic Instructor	Date of Certification:
Defensive Tactics/Custody Control	Date of Certification:
Firearms Instructor	Date of Certification:
LEDT (Driver Training)	Date of Certification:
First Aid/CPR	Date of Certification:
Radar Instructor	Date of Certification:
Other (specify)	Date of Certification: