

If more than 30 college or university credit hours are completed, you will be required to provide your transcript or diploma to the human resource office.

List all valid licenses/certifications:

Type	License Number	State	Expiration Date

Have any of the above licenses ever been suspended or revoked? Yes ___ No ___ N/A ----If yes, explain.

List any fluency in foreign languages or sign language _____

III. MILITARY RECORD

Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of military service: _____

Were you ever the subject of formal disciplinary action, such as Court-Martial, Article 15's Captain's Mast etc., while in the service? Yes ___ No ___

If yes, explain: _____

IV. EMPLOYMENT HISTORY

Start with present or most recent employment and work back. Do not omit any periods of employment. Present employer will be contacted regarding applications for all positions that require CLEET peace officer certification or any positions within the correctional officer series . (PREA 115.17(f))

May we contact your present employer? Yes No

Have you ever received any disciplinary action? Yes No

If yes, please explain _____

Have you ever been named in a workplace complaint or grievance? Yes No

If yes, please explain _____

Have you ever filed a workers' compensation claim? Yes No

If yes, please explain _____

Employer				Type of business		Full Time	
Mailing Address				Phone #		Part Time	
City and State						Seasonal	
Starting Date		Leaving Date		Starting Position Title		Present or Last Title	
Mo.	Yr.	Mo.	Yr.				
Immediate Supervisor (Name/E-mail Address):							
Briefly describe your duties and responsibilities:							

Reason for leaving:					
Employer Mailing Address City and State				Type of business Phone #	
				Full Time Part Time Seasonal	
Starting Date		Leaving Date		Starting Position Title	
Mo.	Yr.	Mo.	Yr.	Present or Last Title	
Immediate Supervisor (Name/E-mail Address):					
Briefly describe your duties and responsibilities:					
Reason for leaving:					

Employer Mailing Address City and State				Type of business Phone #	
				Full Time Part Time Seasonal	
Starting Date		Leaving Date		Starting Position Title	
Mo.	Yr.	Mo.	Yr.	Present or Last Title	
Immediate Supervisor (Name/E-mail Address):					
Briefly describe your duties and responsibilities:					
Reason for leaving:					

Employer Mailing Address City and State				Type of business Phone #	
				Full Time Part Time Seasonal	
Starting Date		Leaving Date		Starting Position Title	
Mo.	Yr.	Mo.	Yr.	Present or Last Title	
Immediate Supervisor (Name/E-mail Address):					
Briefly describe your duties and responsibilities:					
Reason for leaving:					

Employer Mailing Address City and State				Type of business Phone #	
				Full Time Part Time Seasonal	
Starting Date		Leaving Date		Starting Position Title	
Mo.	Yr.	Mo.	Yr.	Present or Last Title	
Immediate Supervisor (Name/E-mail Address):					
Briefly describe your duties and responsibilities:					

Reason for leaving:

Do you have more employment history? Yes____No____
 (If Yes, list records on a separate sheet of paper and attach to this application.)

Do you have any employment gaps within your history above? Yes____No____
 If yes, please explain

Have you ever engaged or been subject of an investigation involving sexual abuse in an institutional setting? (PREA 115.17(f)) Yes No

Have you ever been arrested for an offense involving sexual abuse/activity involving force, threat of force/coercion? (PREA 115.17(f)) Yes No

Have you ever been arrested for an offense involving sexual abuse/activity involving force, threat of force/coercion? (PREA 115.17(f)) Yes No

Have you ever been civilly or administratively adjudicated in regard to a sexual abuse/activity? (PREA 115.17(f)) Yes No

V. TRAFFIC AND/OR CRIMINAL HISTORY INFORMATION

Height _____ Weight _____ Eye Color _____ Hair Color _____ Sex _____

Do you have Scars Or Tattoos? Yes____NO____
 If yes, list a description of each.

List all other names you have used including nicknames, maiden name, and, if applicable, the date of name change: _____

Have you ever been arrested? Yes____No____

Have you ever been charged or convicted of a misdemeanor which involved the use or attempted use of physical force, or threatened use of a deadly weapon towards any current or former spouse or child of whom you are parent or guardian or person with whom you are or have co-habitated or share a child in common? Yes No

Have you ever been charged, or convicted of any offense (including traffic) which involved the illegal usage of drugs or alcohol? Yes No

Have you ever been charged, or convicted of any offense involving domestic violence? Yes No

Do you currently engage in any illegal drug usage? Yes No

If yes, explain _____

Do you have a current Oklahoma driver's license? Yes No

If yes, provide driver's license number _____

Have you ever had a driver's license suspended, revoked, or canceled? Yes No

If yes, provide reasons, dates, state of issuance and driver's license number _____

Have you ever been convicted of a felony? Yes No

If you have ever been arrested, list the date of arrest, original charge, location of arrest and disposition; dismissed, pled guilty, nolo contendere, deferred or conviction. (PREA 115.17(f))

Date	Charge	Court, City, & State	Disposition

VI. RELATIVES

Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A."

If living, name of your:	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
Father	() Home () Work () Other	() Home () Work () Other
Mother	() Home () Work () Other	() Home () Work () Other
Spouse	() Home () Work () Other	() Home () Work () Other
Brother(s) and Sister(s)	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other

VII. REFERENCES

Below, please list any individuals with whom you have resided during the last six months who are not relatives (list no information prior to your 18th birthday).

Name and E-mail Address	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other

In the space below, please list as references 3-5 individuals who have professional knowledge of you. Exclude relatives and former employers.

Name and E-mail Address	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other

	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other

VIII. WORK REQUIREMENT INFORMATION

Do you have any relative(s) presently employed by the Department of Corrections? Yes No
 If yes, list name, relationship, and location:

Do you know any person or have any relative(s) currently under the care, custody, or supervision of the Department of
 Yes No If yes, list name, relationship and location: _____

If offered employment, are you available to start work immediately? Yes No
 If no, when are you able to start? _____

If offered employment, is there any reason you would not be able to continuously perform essential job
 requirements the first six months? Yes No If yes, please provide an explanation: _____

Are you legally eligible to work in the U.S.? Yes No

I have read the job requirements for the position I have applied for and certify that I am able to perform the
 essential job functions of that position, with or without, reasonable accommodation.

I further certify that all statements and information contained herein are true and complete and I understand
 that any misstatements or omissions of material fact will result in disqualification or dismissal. (PREA
 115.17(g))

 Signature

 Date

Part B: Completed by Applicant and Retained by the Facility for the Purpose of Complying with State and Federal Record Keeping Requirements.

Social Security Number

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Date of Birth

Mo. Day Yr.

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Gender

(M or F)

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Race or Ethnic Group (check one)

- 1. Black (not of Hispanic origin)
- 2. Asian or Pacific Islander
- 3. American Indian or Alaskan Native
- 4. Hispanic (Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish culture or origin, regardless of race)
- 5. White (not of Hispanic origin)