



OKLAHOMA TEACHERS RETIREMENT SYSTEM

EMPLOYMENT APPLICATION

OKLAHOMA TEACHERS RETIREMENT SYSTEM

Attn: Human Resources
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105

Phone: (405) 521-2387
FAX: (405) 522-0633
E-mail: mail@trs.ok.gov
Web: www.ok.gov/TRS

All applications submitted must be signed on the appropriate signature line by the applicant, regardless of the delivery method. Applications must be submitted by FAX, mail or personal delivery. (E-mail connection is not secure.) Unsigned or incomplete applications will not be considered.

Date of Application _____

PERSONAL

Name: _____	(last)	(first)	(middle)
Address: _____			
City, State, Zip: _____			
Home Phone: _____	()	Cell Phone: _____	()
E-mail Address: _____		Social Security Number: _____	

POSITION

Position sought: _____
Are you willing and able, with or without accommodation, to perform necessary job-related travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for employment: _____

ELIGIBILITY FOR EMPLOYMENT

Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If offered employment, you will be required to provide documentation to verify eligibility.)</i>

RELATIONSHIP TO THE BOARD OF TRUSTEES

Below is a listing of the System's Board of Trustees. Are you related in any way to any of the members? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what is your relationship?				
Sherrie L. Barnes	Preston Doerflinger	Richard Gorman	Michael L. Simpson	Gary Trennepohl
Janet Barresi	Odilia Dank	Dick Neptune	James E. Smith	
Cathy Conway	Bruce DeMuth	Galeard W. Roper	Billie Stephenson	

RECORD OF CONVICTION

Have you ever been convicted of a crime other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

<i>(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)</i>

EDUCATION AND TRAINING

Are you a high school graduate or have you passed a general education development (GED) test? Yes No
(will only be used as required by statute, law or bonafide job requirement)

Are you fluent in any language other than English? Yes No If yes, please specify: _____

Include high school, vocational school and college. Verification of all levels of education may be required. Official transcript, diploma, or certification may be required, however, to meet application deadline, copies are acceptable.

Name of School or College	City, State	Number of Hours Completed	Diploma or Type of Degree Received	Area of Study / Major

PROFESSIONAL LICENSE / CERTIFICATIONS

List any professional or occupational license, registration or certification (i.e., Certified Public Accountant, Certified Procurement Officer, etc.)

Professional License, Registration or Certification	Date Received	License Number if Applicable	Expiration Date	Licensing Agency or Board

SKILLS

Have you used a computer in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you used a computer for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you consider yourself to be computer-literate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Typing Skill _____ wpm Shorthand Skill _____ wpm																								
If yes, what kind of computer/software have you used? (Check all that apply.)	Other Software:																								
<table border="0"> <tr> <td></td> <td>Proficient</td> <td>Some Skill</td> <td>No Skill</td> </tr> <tr> <td>Word _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WordPerfect _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Excel _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Access _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>PowerPoint _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Proficient	Some Skill	No Skill	Word _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WordPerfect _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excel _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PowerPoint _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Skills:
	Proficient	Some Skill	No Skill																						
Word _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
WordPerfect _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Excel _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Access _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
PowerPoint _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						

REFERENCES

Please list two personal references other than relatives or previous employers.

Name: Address: City, State, Zip: Telephone: () Number of Years Acquainted: Occupation	Name: Address: City, State, Zip: Telephone: () Number of Years Acquainted: Occupation
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EMPLOYMENT HISTORY *(list most recent employer first)*Have you previously worked for another Oklahoma state agency or a public college/university? Yes No

If ANY employment was under a different name, indicate name: _____

Have you ever been discharged or asked to resign from a job? Yes No If yes, explain below:

_____*Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and volunteer work. List each promotion or transfer as a separate job, even if they were with the same employer. If needed, attach additional copies of this page. Employers and supervisors may be contacted regarding your work experience.*

1. <u>Employer Information</u> (most recent): Name: Address: Telephone: ()		<u>Supervisor Information:</u> Name: Title: Telephone: ()	
Are you still employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact your present employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Job Title:		<u>Employment Dates:</u> From (month/year): To (month/year):	
<u>Description of Work Performed</u> <i>(Be specific – attach extra signed and dated sheets, if necessary):</i> 			
Number of Employees Supervised:		Ending Salary: \$	per:
Hours worked per week:			
Reason for Leaving:			

2. <u>Employer Information:</u> Name: Address: Telephone: ()		<u>Supervisor Information:</u> Name: Title: Telephone: ()	
Job Title:		<u>Employment Dates:</u> From (month/year): To (month/year):	
<u>Description of Work Performed</u> <i>(Be specific – attach extra signed and dated sheets, if necessary):</i> 			
Number of Employees Supervised:		Ending Salary: \$	per:
Hours worked per week:			
Reason for Leaving:			

3. Employer Information: Name: Address: Telephone: ()		Supervisor Information: Name: Title: Telephone: ()	
Job Title:		Employment Dates: From (month/year): To (month/year):	
Description of Work Performed <i>(Be specific – attach extra signed and dated sheets, if necessary):</i>			
Number of Employees Supervised:		Ending Salary: \$	per:
Hours worked per week:			
Reason for Leaving:			

4. Employer Information: Name: Address: Telephone: ()		Supervisor Information: Name: Title: Telephone: ()	
Job Title:		Employment Dates: From (month/year): To (month/year):	
Description of Work Performed <i>(Be specific – attach extra signed and dated sheets, if necessary):</i>			
Number of Employees Supervised:		Ending Salary: \$	per:
Hours worked per week:			
Reason for Leaving:			

5. Employer Information: Name: Address: Telephone: ()		Supervisor Information: Name: Title: Telephone: ()	
Job Title:		Employment Dates: From (month/year): To (month/year):	
Description of Work Performed <i>(Be specific – attach extra signed and dated sheets, if necessary):</i>			
Number of Employees Supervised:		Ending Salary: \$	per:
Hours worked per week:			
Reason for Leaving:			

6. Employer Information: Name: Address: Telephone: ()		Supervisor Information: Name: Title: Telephone: ()	
Job Title:		Employment Dates: From (month/year): To (month/year):	
Description of Work Performed <i>(Be specific – attach extra signed and dated sheets, if necessary):</i>			
Number of Employees Supervised:		Ending Salary: \$	per:
Hours worked per week:			
Reason for Leaving:			

(If you have more than six separate periods of employment, complete a blank sheet in the above format; sign and attach to this application.)

Use this space for any additional information, comments, or explanations you may have that are pertinent to your application.

APPLICANT'S STATEMENT OF CERTIFICATION AND AGREEMENT

Accuracy of Information – By signing this application, I certify that the information supplied in this application and in any other form, oral or written, is true and accurate.

Falsification of Information – I understand and agree that any misstated, misleading, incomplete or false information is grounds for my disqualification from consideration for employment, for withdrawal of any offer of employment if an offer has been made, or for my immediate discharge if employment has already commenced, whenever, and however discovered. I also understand that Section 358(B) of Title 21 of the Oklahoma Statutes prohibits applicants for state employment from making a materially false, fictitious, or fraudulent statement or representation on any employment application, knowing such statement or representation to be materially false, fictitious, or fraudulent. Violation is a criminal offense, punishable by fine and/or imprisonment.

Verification of Information – I hereby authorize the Oklahoma Teachers Retirement System to verify the information I have provided in my employment application, in my oral statements and in any other documents or supplemental information I have provided to this agency for the purposes of employment. This shall include the authorization to conduct any and all personal background checks, including but not limited to, criminal history and related records, education and employment background records, civilian and military court records and/or proceedings. I authorize my former employers and job-related references to provide any information requested by the Oklahoma Teachers Retirement System. I release from liability and hold harmless that the State of Oklahoma, the Oklahoma Teachers Retirement System, its Board of Trustees, employees and attorneys, along with any corporation, firm, person, organization or individual providing information to the Oklahoma Teachers Retirement System, from any and all claims, liabilities, loss, demands and causes of action known and unknown, fixed or contingent, equitable, legal or administrative, accrued to me as a result of such disclosure of information concerning me.

Employment Eligibility – I understand that if I am hired I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the Immigration Reform and Control Act of 1986. This agency verifies the identity and employment eligibility status of all newly hired employees utilizing the Form I-9 verification process as well as the E-Verify Program with the Department of Homeland Security and the Social Security Administration.

General – If selected for employment, I agree to conform to the policies, rules and regulations of the Oklahoma Teachers Retirement System. With this application, I agree to the state's overtime pay policy, which allows giving compensatory time instead of cash payments under certain conditions. I understand that the position for which I am submitting this application may be unclassified. The applicant selected for any unclassified position will serve at the will of the Agency Director. If selected for an unclassified position, I understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Oklahoma Teachers Retirement System or myself. I understand that no representative of the Agency has any authority to enter into any agreement for continued employment for any specified period of time or to make any agreement contrary to the foregoing.

Signature Required

Date