



EMPLOYMENT APPLICATION

TEACHERS' RETIREMENT SYSTEM OF OKLAHOMA

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

Phone: (405) 521-2387
FAX: (405) 522-0633
E-mail: mail@trs.state.ok.us
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: _____ Business 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? Yes No

Date available for employment: _____

ELIGIBILITY FOR EMPLOYMENT

Are you legally eligible for employment in the United States? Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

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? Yes No

If yes, what is your relationship? _____

Sherrie L. Barnes	Sandy Garrett	Tony Hutchinson	Matti Palluconi	James E. Smith
Cathy Conway	Richard Gorman	John G. Kirkpatrick	Galeard W. Roper	
Bruce DeMuth	Darryl Hatcher	Dick Neptune	Michael L. Simpson	

RECORD OF CONVICTION

Have you ever been convicted of a crime other than minor traffic violations? Yes 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.

(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.)

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

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

REFERENCES

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

<p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Telephone: _____</p> <p>Number of Years Acquainted: _____</p> <p>Occupation: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Telephone: _____</p> <p>Number of Years Acquainted: _____</p> <p>Occupation: _____</p>
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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. Employer Information <i>(most recent):</i> Name: _____ Address: _____ Telephone: _____		Supervisor Information: Name: _____ Title: _____ Telephone: _____	
Are you still employed with this company? YES NO	If yes, may we contact your present employer as a reference? Yes No N/A		
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: _____			

2. 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: _____			

3. Employer Information: Name: _____ Address: _____ Telephone: _____		Supervisor Information: Name: _____ Title: _____ Telephone: _____	
Job Title: _____		Employment Dates: 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: _____			

4. Employer Information: Name: _____ Address: _____ Telephone: _____		Supervisor Information: Name: _____ Title: _____ Telephone: _____	
Job Title: _____		Employment Dates: 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: _____			

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 criminate offence, punishable by fine and/or imprisonment.

Verification of Information – I hereby authorize the 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 Teachers' Retirement System. I release from liability and hold harmless that the State of Oklahoma, the Teachers' Retirement System, its Board of Trustees, employees and attorneys, along with any corporation, firm, person, organization or individual providing information to the 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 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 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