

NOTIFICATION OF EMPLOYMENT

Council on Law Enforcement Education and Training

2401 Egypt Road, Ada, Oklahoma 74820-0669 P: 405-239-5100 F: 405-239-5190

DUE WITHIN 10 DAYS OF EMPLOYMENT

COMPLETION OF ALL FIELDS IS REQUIRED

COMPLETE ONE

<input type="checkbox"/> FULL-TIME OFFICER (Over 25 hours per week)	<input type="checkbox"/> RESERVE OFFICER (140 hours or less per month)
<input type="checkbox"/> Not Certified – Needs Training	<input type="checkbox"/> Not Certified – Needs Training
<input type="checkbox"/> Certified in Oklahoma CLEET # _____	<input type="checkbox"/> Certified in Oklahoma CLEET # _____
<input type="checkbox"/> Certified in Another State – Requesting Reciprocity	<input type="checkbox"/> Certified in Another State – Requesting Reciprocity
<input type="checkbox"/> Requesting Collegiate Officer Program Certification	<input type="checkbox"/> Requesting Collegiate Officer Program Certification

AGENCY DATA Address Change Department Head Change

Name of Agency: _____ Agency E-Mail: _____

Address: _____ City: _____ County: _____

Department Head: _____ Title: _____ Telephone: _____

EMPLOYEE DATA

Last Name: _____ First Name: _____ MI: ____ Sex: M ____ F ____ DOB: _____

SSN: _____ Race: _____ Place of Birth: _____

Home Address: _____ City: _____ Zip: _____ Home Phone: _____

Education: GED HS Diploma College Degree Major: _____ College (No degree) Number of Hours: _____

EMPLOYMENT INFORMATION

Date of Appointment: _____ Position: _____

EMPLOYEE ATTESTATION:

- I am at least 21 years of age as of the date of certification as a peace officer;
- I am a U.S. Citizen or have resident alien status, pursuant to an employment eligibility verification form from the U.S. Citizenship and Immigration Services;
- I possess a high school diploma or a GED equivalency certificate (unless I was first employed as a peace officer prior to 11-1-85);
- I am not currently undergoing treatment for a mental illness, condition, or disorder;
- I have never been convicted of a felony, crime of moral turpitude, or crime of domestic violence in any state or federal court;
- I am not currently participating in a deferred sentence for a felony, crime of moral turpitude, or crime of domestic violence.

I certify the information provided is correct and accurate. I understand that any false statement may be a crime punishable by fine and or imprisonment. I hereby authorize the Council on Law Enforcement Education and Training or other authorized representatives of the Council bearing this form or a copy thereof, to release any information entered on this form to any law enforcement agency.

Original Signature of Employee: _____ Date: _____

AGENCY ADMINISTRATOR ATTESTATION

- Have fingerprints been taken and sent to the OSBI for state and federal record checks **and** has report been received showing no record of conviction of, nor currently participating in a deferred sentence for a felony, crime involving moral turpitude, or a crime of domestic violence? Yes No
- Has employee been psychologically evaluated by the Agency, using a psychological instrument approved by CLEET? Yes No
- Has the psychological instrument been evaluated by a psychologist licensed in the State of Oklahoma? Yes No
- Has the Agency provided a statement to the psychologist confirming the identity of the person taking the test as the person who is employed? Yes No
- Has the Agency provided a statement to the psychologist attesting that the agency administered the psychological instrument in accordance with the standards within test document? Yes No
- Has the psychologist reported to the Agency the evaluation of the assessment instrument? Yes No
- Do you, as the Agency Administrator, certify to the Council that the evaluation was conducted in accordance with the provisions of 70 O.S. § 3311? Yes No
- Do you, as the Agency Administrator, certify to the Council that the named employee/applicant is suitable to serve as a peace officer in the State of Oklahoma? Yes No

If not already certified in the Oklahoma, this Officer will be enrolled in basic academy pursuant to statute, within the first six (6) months after assuming the duties of the office to which they are elected or appointed. I certify the information provided is correct and accurate. I understand that any false statement may be a crime punishable by fine and or imprisonment. I understand that CLEET will rely on my attestation.

Original Signature of Agency Administrator or Designee: _____ Date: _____

Sworn and subscribed before me this _____ day of _____, 2____.

Notary Public My Commission # _____ Expires _____
(Seal)