

II. WORK HISTORY

Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Full-time Part-time

Average Hours per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Name and Address of Employer _____

Employer's Telephone: _____ Your Title While Employed: _____

Description of Your Duties: _____

Name at least two individuals who supervised or evaluated your work performance: _____

of Persons You Supervised : _____

Name(s) of Co-worker(s): _____

Reason for Leaving: _____

Not Employed: From (Mo/Yr) _____ To (Mo/Yr) _____

Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Full-time Part-time

Average Hours per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Name and Address of Employer _____

Employer's Telephone: _____ Your Title While Employed: _____

Description of Your Duties: _____

Name at least two individuals who supervised or evaluated your work performance: _____

of Persons You Supervised : _____

Name(s) of Co-worker(s): _____

Reason for Leaving: _____

Not Employed: From (Mo/Yr) _____ To (Mo/Yr) _____

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II. WORK HISTORY, CONTINUED

Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Full-time Part-time

Average Hours per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Name and Address of Employer _____

Employer's Telephone: _____ Your Title While Employed: _____

Description of Your Duties: _____

Name at least two individuals who supervised or evaluated your work performance: _____

of Persons You Supervised : _____

Name(s) of Co-worker(s): _____

Reason for Leaving: _____

Not Employed: From (Mo/Yr) _____ To (Mo/Yr) _____

Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Full-time Part-time

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of Persons You Supervised : _____

Name(s) of Co-worker(s): _____

Reason for Leaving: _____

Not Employed: From (Mo/Yr) _____ To (Mo/Yr) _____

IF ADDITIONAL WORK HISTORY EXISTS, ATTACH EXTRA COPIES OF THIS PAGE.

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II. WORK HISTORY, CONTINUED

1. Have you ever been fired or asked to resign? YES _____ NO _____
If "yes," give details (include name of employer): _____

2. Have you ever been disciplined in any of your employment? YES _____ NO _____
If "yes," explain (include name of employer): _____

4. Would any problem result if your present employer were contacted during the course of the background investigation? YES _____ NO _____ If "yes," when should such contact be made? _____

NOTE: No final offer of employment will be made without contacting your current employer.

III. MOTOR VEHICLE LICENSE INFORMATION

(Complete this section only if job tasks require driving. Refer to job task document enclosed.)

1. Are you a licensed driver? YES _____ NO _____
If "yes," provide the following information.
License Number _____ State of issue _____
License Type _____ Expiration date _____
Restrictions _____

2. List any other states in which you have been licensed to operate a motor vehicle.

3. Have you ever been refused a driver's license to operate a motor vehicle? YES _____ NO _____
If "yes," please explain: _____

4. List all traffic citations (exclude parking violations) you have received within the last 7 years.
Nature of Violation City/State Approximate Date Action Taken

5. Have you been involved as a driver in a motor vehicle accident within the past 7 years?
YES _____ NO _____ If "yes," give details (include what, when, where, why).

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IV. EDUCATIONAL HISTORY

1. High School Attended _____ Graduated YES _____ NO _____
City and State _____ Dates Attended _____

2. College or University Attended _____
City and State _____ Dates Attended _____
College Hours Completed _____ Major/Minor _____
Degree, if any, and date _____ GPA _____

• College or University Attended _____
City and State _____ Dates Attended _____
College Hours Completed _____ Major/Minor _____
Degree, if any, and date _____ GPA _____

• College or University Attended _____
City and State _____ Dates Attended _____
College Hours Completed _____ Major/Minor _____
Degree, if any, and date _____ GPA _____

IF ADDITIONAL COLLEGE/UNIVERSITY HISTORY EXISTS, ATTACH ADDITIONAL COPIES OF THIS PAGE.

3. List any other schools attended (*trade, vocational, business, etc.*). Give name and address of school, dates attended, course of study, certificate, and any other pertinent information:

4. Were you ever suspended or expelled while attending school?
YES _____ NO _____ If "yes," please give details. _____

5. List any other special skills or qualifications you may possess. _____

V. FRIENDS, ACQUAINTANCES, OR FAMILY MEMBERS EMPLOYED BY THE OSBI

Complete Name

Location

Length of Acquaintance

VI. MISCELLANEOUS

- 1. Other than incidents resulting in sealed juvenile records, have you ever been arrested or convicted of a felony crime, serious misdemeanor, or crime involving moral turpitude?
 YES___ NO___ If "yes," describe in detail._____

NOTE: Confidentiality requirements do not apply to juveniles who were tried as adults or as Youthful Offenders. 10 O.S. 7303-4.3, 7306-1.1, 7306-2.2 and 7306-2.6A set the parameters for juveniles who are treated as adults or Youthful Offenders. Generally, a juvenile or Youthful Offender is treated as an adult when they have committed murder; kidnapping; robbery with a dangerous weapon; robbery in the first degree if personal injury results; rape in the first degree; rape by instrumentation; use of firearm or other offensive weapon while committing a felony; arson in the first degree; burglary with explosives; burglary in the first or second degree after three or more adjudications for committing burglary in the first or second degree; shooting with intent to kill; discharging a firearm, crossbow or other weapon from a vehicle; intimidating a witness; manslaughter in the first degree; sodomy; trafficking in illegal drugs; manufacturing, distributing, dispensing or possessing with intent to manufacture, distribute or dispense a controlled dangerous substance, or assault and battery with a deadly weapon. (10 O.S. 7306-1.1) Consequently, criminal records regarding these crimes are not confidential, and these records must be listed above.

- 2. Other than crimes that would have been sealed in juvenile records, have you ever committed a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unsolved? YES___ NO___
 If "yes," describe in detail, including nature, dates, and duration of illegal activity. Describe any illegal use of controlled dangerous substances by explaining the type of drug used, how many times you used it, and over what period of time (years) the use occurred (including your age at the first time used).

NOTE: Confidentiality requirements do not apply in this instance to undetected or unsolved crimes when a juvenile would have been treated as an adult or Youthful Offender (see comments on Question 1 in this part).

Undetected crimes include any illegal use of controlled dangerous substances. Failure to reveal illegal drug use at this time may be grounds for disqualification.

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VI. MISCELLANEOUS, CONTINUED

3. Are you a U.S. citizen or, if you are not a U.S. citizen, are you approved to work in the United States? YES _____ NO _____

NOTE: Proof of eligibility will be required before you can be employed.

4. Earliest date you are available for employment: _____

VI. AFFIRMATION

I hereby authorize the Oklahoma State Bureau of Investigation to verify the information I have provided in this employment application, in my oral statements and in any other documents or supplemental information I have provided to the OSBI for the purposes of employment. I release the OSBI and any employee acting on its behalf from any and all causes of action that may accrue to me as a result of said verification and disclosure of records.

I certify that all information I have supplied to the OSBI in this application and in any other form, oral or written, is true and accurate. 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.

If successful in my application, I understand I may be offered employment conditional upon the satisfactory completion of a post-offer employment questionnaire, thorough background investigation, polygraph examination, drug screen, and/or psychological evaluation. If offered employment with the OSBI, I agree to participate in this process. I understand that refusal to participate in any part of the background investigation process may result in my disqualification from consideration for employment or withdrawal of a conditional offer if one has been made.

I understand that nothing in this application is intended to imply or create an employment relationship or contract of employment.

Date of Signature

Signature of Applicant

State of Oklahoma
County of _____

Subscribed and Sworn to before me on this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

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OSBI APPLICANT DRUG QUESTIONNAIRE

In accordance with Title 74 O.S. § 150.8 and the Oklahoma Drug-free Workplace Act, the OSBI screens its applicants for a history of illegal drug use. The OSBI is charged with enforcement of all laws of the State of Oklahoma and provides the drug analysis laboratories for all Oklahoma law enforcement agencies. Therefore, illegal drug use by OSBI employees would be unacceptable. To be considered for employment with OSBI, it is mandatory that applicants being considered complete this form prior to the interview. Noncompliance with this requirement may result in non-consideration for employment. This questionnaire will be disclosed only to the appropriate OSBI officials with a need to know or as required by law.

APPLICANT NAME _____ SSN _____
 (Please Print)

Please indicate whether you are currently using and the date, if any, on which you last used any of the following substances. Do not include instances in which the substance was prescribed, administered, or dispensed to you by a licensed physician in compliance with the law for treatment of an actual medical condition from which you suffer(ed) at the time of dispensation.

SUBSTANCE	ARE YOU CURRENTLY USING THIS SUBSTANCE?	DATE YOU LAST USED/TRIED THIS SUBSTANCE?	TOTAL # OF TIMES USED	CHECK (X) IF NEVER TRIED/USED
MARIHUANA	yes____ no____	_____ (approx. yr.)	_____	_____
HASHISH/ HASH OIL	yes____ no____	_____ (approx. yr.)	_____	_____
COCAINE/ CRACK	yes____ no____	_____ (approx. yr.)	_____	_____
PCP	yes____ no____	_____ (approx. yr.)	_____	_____
HEROIN	yes____ no____	_____ (approx. yr.)	_____	_____
OPIUM	yes____ no____	_____ (approx. yr.)	_____	_____
Including Derivatives: Hydrocodone (Vicodin, Lorcet, Tussionex) Hydromorphone (Dilaudid) Oxycodone (Percocet, Percodan)	yes____ no____	_____ (approx. yr.)	_____	_____
LSD	yes____ no____	_____ (approx. yr.)	_____	_____
AMPHETAMINE/ METHAMPHETAMINE (Circle the substance used)	yes____ no____	_____ (approx. yr.)	_____	_____

LIST ANY OTHER CONTROLLED SUBSTANCE(S)
 _____ (approx. yr.) _____

I certify that the information provided above is correct and complete. I understand any conditional offer of employment is made based upon the information provided in the Pre-Employment Application, during any interview with any OSBI representative, and on this drug questionnaire. Any misstatement of fact or omission of information may subject me to disqualification for further consideration in the hiring process or to withdrawal of conditional offer if one has been made.

 Signature of Applicant _____ Date
 State of Oklahoma
 County of _____ Subscribed and Sworn to before me on this _____ day of _____, _____
 Notary Public _____ My Commission Expires: _____

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