



STATE OF OKLAHOMA
OFFICE OF STATE FINANCE

~ EMPLOYMENT APPLICATION PROCEDURES ~

The application begins on the next page. Please read this page to ensure your application is completed properly to avoid rejection and/or delay in processing.

- Applications are accepted for specific vacancies only during the announcement period.
- Submit a cover letter with the application.
- DO NOT substitute a resume for an Office of State Finance Employment Application; resumes may be attached as additional information only.
- Employment Applications must be complete and accurate to be considered.
- Signatures are required; the application will be considered incomplete if it is not signed by the applicant.
- Photocopied and scanned applications with original signature will be accepted and may be e-mailed.
- Potential applicants must complete and submit all requested documentation listed on the respective job announcement within the designated timeframes.
- Enter the OSF job posting number on the application when applying for these position(s).
- Submit one application per announced position for which you are applying.
- Please remember to keep a copy of your application, as this will save you time and effort in submitting additional applications.
- Potential applicants who fail to comply with these application procedures may not be considered as candidates for the position.

[Go to application](#)



OFFICE OF STATE FINANCE

EMPLOYMENT APPLICATION

Office of State Finance
Attn: Human Resources
2300 N. Lincoln Blvd., Rm. 122
Oklahoma City, Oklahoma 73105-4801
PHONE: 405.521.2141
FAX: 405.521.3902
EMAIL: personnel@osf.ok.gov

All applications submitted must be signed on the appropriate signature lines by the applicant, regardless of the delivery method. E-mailed applications must be scanned with the applicant's signatures. Unsigned or incomplete applications will not be considered.

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Business Phone: _____

May we contact you at work for interview purposes? YES NO

Position sought: _____ Job Posting #: _____

Are you willing and able, with or without accommodation, to perform necessary job-related travel?

YES NO

Date available for employment: _____

Have you used a computer in the workplace? YES NO

Have you used a computer for personal use? YES NO

If YES, what kind of computers/software have you used? _____

Would you consider yourself to be computer-literate? YES NO Typing Skill: _____ WPM

List special skills including business machines/office equipment operation: _____

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

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

List any professional or occupational license or registration: _____

Have you ever worked for the State of Oklahoma? YES NO

If YES, please list agency(s) and date(s) of employment: _____

EXPERIENCE: PLEASE LIST DIFFERENT POSITIONS WITH EACH EMPLOYER AS SEPARATE PERIODS OF EMPLOYMENT. DESCRIBE YOUR WORK EXPERIENCE IN DETAIL. IF THERE IS NOT ENOUGH SPACE, ATTACH EXTRA SIGNED AND DATED SHEETS IF NECESSARY. **RESUMES MAY NOT BE USED AS A SUBSTITUTE FOR A COMPLETED APPLICATION.**

Present employer: _____

Location: _____ Still Employed? Yes No

Job Title:		Employed Since:	
May we contact your present employer as a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Supervisor's Name:		Supervisor's phone:	
Description of Work Performed:			
No. of Employees Supervised:		Ending Salary:	\$ per Hours worked per week:
Reason for Leaving:			

Employer and location: _____

Job Title:		Employment Dates:	From:		To:	
Supervisor's Name:		Supervisor's phone:				
Description of Work Performed:						
No. of Employees Supervised:		Ending Salary:	\$		per	Hours worked per week:
Reason for Leaving:						

Employer and location: _____

Job Title:		Employment Dates:	From:		To:	
Supervisor's Name:		Supervisor's phone:				
Description of Work Performed:						
No. of Employees Supervised:		Ending Salary:	\$		per	Hours worked per week:
Reason for Leaving:						

Employer and location: _____

Job Title:		Employment Dates:	From:		To:	
Supervisor's Name:		Supervisor's phone:				
Description of Work Performed:						
No. of Employees Supervised:		Ending Salary:	\$		per	Hours worked per week:
Reason for Leaving:						

Employer and location: _____

Job Title:		Employment Dates:	From:		To:	
Supervisor's Name:		Supervisor's phone:				
Description of Work Performed:						
No. of Employees Supervised:		Ending Salary:	\$	per		Hours worked per week:
Reason for Leaving:						

Employer and location: _____

Job Title:		Employment Dates:	From:		To:	
Supervisor's Name:		Supervisor's phone:				
Description of Work Performed:						
No. of Employees Supervised:		Ending Salary:	\$	per		Hours worked per week:
Reason for Leaving:						

(If you have more than six separate periods of employment, fill out a blank sheet in the above format, sign & attach to this application)

I certify that the information supplied in this application and in any other form, oral or written, is true and accurate. I hereby authorize the Office of State Finance 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. 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 hereby release from liability and hold harmless the State of Oklahoma, the Office of State Finance, its employees and attorneys, along with any corporation, firm, person, organization or individual providing information to the Office of State Finance, 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.

If selected for employment, I agree to conform to the policies, rules and regulations of the Office of State Finance. 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 Office of State Finance 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

OFFICE OF STATE FINANCE
AUTHORIZATION FOR BACKGROUND
INVESTIGATION AND RELEASE OF LIABILITY

I hereby authorize the Office of State Finance 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 and records, civilian and military court records and/or proceedings.

I certify that all information I have supplied to the Office of State Finance in my 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.

I realize that any criminal history may bar employment with the Office of State Finance. I further understand that nothing in my application is intended to imply or create an employment relationship or contract for employment.

I hereby release from liability and hold harmless the State of Oklahoma, the Office of State Finance, its employees and attorneys, along with any corporation, firm, person, organization or individual providing information to the Office of State Finance, 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.

I understand that a copy of this document shall have the same legal significance as the original.

Signature Required

Date

This page will be removed immediately upon receipt of the application by the Office of State Finance and will be retained as confidential information by Human Resources to assist with the background check of the applicant.

(First)

(Middle)

(Last)

(Maiden or Previous Name)

(Other Known Name(s), if any)

Social Security #

Gender

Date of Birth

Are you legally authorized to work in the United States? YES NO (Proof of employment eligibility will be required upon hire.)

Have you ever been convicted of a felony? YES NO

If YES, please explain:

(Convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.)

The information below is required by state and federal regulations for statistical and affirmative action purposes. This information is to be completed voluntarily and failure to do so will not have an effect on the application process.

Ethnic Group - please check one:

- Hispanic or Latino** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (NOTE: If you check this category, **DO NOT** select from the racial list below. You have completed this section.)
- Non-Hispanic/Latino** (NOTE: If you check this category, select from the racial groups below.)

Racial Groups - If Non-Hispanic/Latino was selected above, please check one of the following:

- White**
- Black or African American**
- Asian**
- Two or More Races** (Non-Hispanic or Latino) - All persons who identify with more than one of the above races
- American Indian or Alaskan Native**
- Native Hawaiian or Other Pacific Islander**

NOTE: If you check this racial group, a **Primary Race** must be notated here: _____