

Council on Law Enforcement Education and Training

2401 Egypt Road, Ada, Oklahoma 74820-0669 (405)239-5100 Fax (405) 239-5180

EMPLOYMENT STATUS REPORT

DUE WITHIN 10 DAYS OF EMPLOYMENT OR TERMINATION

Complete one: FULL-TIME OR RESERVE

Revised 1/31/2007

Form for FULL-TIME OFFICER (Over 25 hours per week) with options for certification status and training needs.

Form for RESERVE OFFICER with options for certification status and training needs.

AGENCY DATA section including fields for Agency Name, Address, City, County, Zip, Department Administrator, Title, Telephone, and change options.

EMPLOYEE DATA section including fields for Last Name, First Name, MI, Sex, DOB, SSN, Home Address, City, OK Zip, Home Phone, Place of Birth, Race, Education, Major, and Number of Hours.

Complete one: EMPLOYMENT OR TERMINATION

EMPLOYMENT INFORMATION section with fields for Date of Employment AS COMMISSIONED PEACE OFFICER and Position.

EMPLOYEE ATTESTATION: Employee states the following: (1) I am at least 21 years of age; (2) I am a U.S. Citizen or in resident alien status, as defined by U.S. INS; (3) I possess a high school diploma or GED Certificate (effective 11/1/85); (4) I have never been convicted of a felony, crime of moral turpitude, or crime of domestic abuse in any state or federal court; (5) I am not currently participating in a deferred sentence for a felony, crime of moral turpitude, or crime of domestic abuse; and (6) I am not currently undergoing treatment for a mental illness disorder.

I certify the information provided is correct to the best of my knowledge. 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 (Required at time of employment) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

AGENCY ADMINISTRATOR ATTESTATION: Administrator states the following: (1) Employees fingerprints have been taken and sent to the OSBI for state and federal record checks (must be done within ten days of hiring for all officers); (2) Psychological examination has been administered and is being evaluated by a licensed psychologist. (REQUIRED IF EMPLOYEE HAS NEVER BEEN CERTIFIED. After peace officer certification is received, and suitable psychological test has been received, no additional psychological testing is required at time of employment. (effective 6/7/04); (3) If not certified, this Officer will be enrolled 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 to the best of my knowledge. I understand that any false statement may be a crime punishable by fine and or imprisonment.

Original Signature of Agency Administrator or Designee \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

TERMINATION INFORMATION section with fields for Date Terminated and options for Resigned, Discharged, Retired, or Deceased.

AGENCY ADMINISTRATOR ATTESTATION: I certify the termination information provided is correct to the best of my knowledge. I understand that any false statement may be a crime punishable by fine and or imprisonment.

Original Signature of Agency Head or Designee \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Empty box at the bottom of the form.