

# NOTIFICATION OF EMPLOYMENT

Council on Law Enforcement Education and Training  
2401 Egypt Road, Ada, Oklahoma 74820-0669 P: 405-239-5100

**DUE WITHIN 10 DAYS OF EMPLOYMENT**

**COMPLETION OF ALL FIELDS IS REQUIRED**

## **FULL-TIME OFFICER (Over 25 hours per week)**

## **RESERVE OFFICER (140 hours or less per month)**

Not Certified – Requesting Academy  
Name of facility officer will be attending: \_\_\_\_\_  
Not Certified - Requesting Career Tech BPOC Academy  
Tech Center Name: \_\_\_\_\_  
Certified in Oklahoma CLEET #: \_\_\_\_\_  
OUT OVER 5 YEARS  
Certified in another state - requesting Reciprocity  
Requesting COP/Career Tech BPOC Certification  
Requesting Bridge Academy CLEET #: \_\_\_\_\_

Not Certified – Requesting Academy  
Not Certified - Requesting Career Tech/BPOC Academy  
Tech Center Name: \_\_\_\_\_  
Certified in Oklahoma CLEET #: \_\_\_\_\_  
OUT OVER 5 YEARS  
Certified in another state - requesting Reciprocity  
Requesting COP/Career Tech BPOC certification

### **Department Information:**

Department Name: \_\_\_\_\_ Dept. E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
Department Head: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_

### **EMPLOYEE DATA:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_ Sex: M \_\_\_ F \_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race: \_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_ Cell Phone: ( ) - \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### **EMPLOYMENT INFORMATION**

Date of Commission: \_\_\_ / \_\_\_ / \_\_\_ Position: \_\_\_\_\_

### **EMPLOYEE ATTESTATION:**

- I am at least 21 years of age;
  - 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 as recognized by state law;
  - 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 nor have I ever participated in a deferred sentence for a felony, crime of moral turpitude, or crime of domestic violence.
  - I have never had a final Protective Order entered against me in this or any other State.
- I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

### **DEPARTMENT ADMINISTRATOR ATTESTATION**

- |  |     |    |
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| • Have fingerprints been taken and sent to the OSBI for state and federal record checks <b>and</b> has a report been received showing no record of conviction of, nor ever has nor is currently participating in a deferred sentence for a felony, crime involving moral turpitude, or a crime of domestic violence? | Yes | No |
| • Have you, as the Department Administrator, verified a passing psychological evaluation has been completed for this employee pursuant to 70 OS 3311?  | Yes | No |
| • Have you, as the Department Administrator, verified that the employee possesses a high school diploma or GED equivalency certificate as recognized by state law?   | Yes | No |
| • Do you, as the Department Administrator, certify that the employee has never had a final Protective Order filed against him/her in this or any other State?  | Yes | No |
| • Do you, as the Department 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 |

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Signature of Department Administrator or Designee: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
Printed Name of Department Administrator or Designee: \_\_\_\_\_ Title: \_\_\_\_\_