



Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Are you a high school graduate or have you passed a general education development (GED) test? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you fluent in any language other than English? List all \_\_\_\_\_

List colleges, universities or professional schools attended. If more space is needed, attach additional copies of this page. (Transcripts may be required)

School Name Location	From Month/Year	To Month/Year	Major/Minor or Course of Study	Hours Completed	Degree	Date Completed

List any other job-related training or coursework: (vocational, trade, governmental, business, Armed Forces, etc.)

School Name Location	From Month/Year	To Month/Year	Major/Minor or Course of Study	Hours Completed	Degree	Date Completed

List job-related licensure, registration or certification (engineer, teacher certification, etc.)

License, Registration or Certification	Number	Date Received	Expiration Date	Licensing Agency or Board

Title 21 O.S. Section 358: "It shall be unlawful for any person applying for employment with the State of Oklahoma to make a materially false, fictitious or fraudulent statement or representation on an employment application, knowing such statement or representation to be materially false, fictitious or fraudulent. A violation of this subsection shall be punished as provided in subsection B of the Section 359 of this title."

STATEMENT OF CERTIFICATION By signing this application I certify the facts contained in this application are true and complete to the best of my knowledge. I understand that if I become employed, falsified statements on this application may be grounds for dismissal and/or removal from consideration for eligibility for other employment opportunities at the Oklahoma Conservation Commission. Specifically, I authorize the Oklahoma Conservation Commission to make all necessary and appropriate investigations allowable by law to verify the information provided. I understand that if I am hired I will be required to show proof that I have legal right to work in the U.S.A. in accordance with the Immigration Reform and Control Act of 1986.

\_\_\_\_\_  
Sign Your Name Here Date

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and volunteer work. List each promotion or transfer as a separate job, even if they were with the same employer. If needed, attach additional copies of this page. All information in this section must be completed. Resumes cannot be used as a substitute for the completed application. Employers and supervisors may be contacted regarding your work experience.

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Employer's Name and Address \_\_\_\_\_

Exact Title of Your Position \_\_\_\_\_

From (Month / Year) \_\_\_\_\_ To (Month / Year) \_\_\_\_\_ Average Hours Per Week \_\_\_\_\_

Duties (Be specific – attach extra signed and dated sheets, if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Ending Salary \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_

Number and Occupation of Employees you Supervised \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer's Name and Address \_\_\_\_\_

Exact Title of Your Position \_\_\_\_\_

From (Month / Year) \_\_\_\_\_ To (Month / Year) \_\_\_\_\_ Average Hours Per Week \_\_\_\_\_

Duties (Be specific – attach extra signed and dated sheets, if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Ending Salary \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_

Number and Occupation of Employees you Supervised \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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\_\_\_\_\_  
Sign Your Name Here

\_\_\_\_\_  
Date

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**REFERENCES**

Please provide three references below. References may be contacted.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relation \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relation \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relation \_\_\_\_\_

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