State of Oklahoma
EMPLOYMENT APPLICATION
Office of Personnel Management

Jim Thorpe Memorial Office Building, Room B-22

2101 North Lincoln Boulevard • Oklahoma City, OK 73105 OPM website: www.opm.state.ok.us

(405) 521-2171 • (405) 521-6314 - TDD Number (You must have a TDD machine to use the TDD number.)

Please print clearly or type

Please read instructions on page 2 before completing the application

Social Security Number: _____ Date of Application: _____

Name: _____
Last First Middle

Mailing Address: _____
Street Address, Apt # City State Zip Code

County: _____ (Codes on page 2) E-mail address _____

Evening Telephone: _____ (Include area code) Day Telephone: _____ (Include area code)

JOB OR JOB FAMILY DESIRED: _____

Indicate the conditions under which you will accept employment (**Yes or No** - If blank, YES is assumed)

Full-time: _____ Part-time: _____ Shift work: _____

Travel: _____ (Travel may include regular overnight or across town assignments)

Are you at least 21 years of age?_____ (**Yes or No**) (Will be used only where age is an approved, bonafide job requirement.)

List the county codes (listed on page 2) for which you wish to be considered for employment. If none are indicated it is assumed you are willing to work anywhere in the state.

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

For Office Use Only

JFD Code	A/R	Code	Score	Initial/Date	JFD Code	A/R	Code	Score	Initial/Date

The Office of Personnel Management will remove this section

Voluntary Applicant Survey - The information requested will be used to assist state agencies in complying with state and federal record keeping and reporting requirements. It may be made available to employing agencies when they exercise state laws authorizing affirmative action in hiring. Please provide accurate information. Your cooperation is important and appreciated. For affirmative action purposes, state law requires any person who lists **American Indian** as his/her race or ethnic group to verify tribal affiliation by providing a certificate of Degree of Indian Blood from the U.S. Department of Interior, Bureau of Indian Affairs, or by providing the name and address of tribal officials who can verify tribal affiliation. Do NOT turn this verification in with this employment application. It should be turned in to the hiring agency within thirty days of appointment.

Social Security Number: _____ Sex: _____ (M or F)

Race or Ethnic Group (Check only one)

1. _____ Black (not of Hispanic origin)
2. _____ Asian or Pacific Islander
3. _____ American Indian or Alaskan Native
4. _____ Hispanic (Mexican, Puerto Rican, Cuban Central or South American or other Spanish culture or origin, regardless of race)
5. _____ White (not of Hispanic origin)

The State of Oklahoma is an Equal Opportunity Employer

Employment Application Instructions

1. Answer all questions completely, as your score may be based on a rating of this application. Be sure you have all 4 pages for the application. Additional sheets may be attached if necessary.
2. You may apply for one Job Family only per application. Applications will only be processed for jobs and job families currently announced for recruitment. Applications for job families that are not announced will be returned to you. It is your responsibility to keep current on positions announced for recruitment. This information is on the OPM Recruitment Notice each week, the OPM web site (address given on page 1 of application), and at state agencies.
3. If you wish to claim veteran's preference, complete form OPM-75 and return it to the Office of Personnel Management with the required proof.
4. The examinations are administered at the Office of Personnel Management in Oklahoma City Monday – Thursday from 9:00 a.m. to 4:45 p.m. or at the local Career Technology Centers (listed below).
5. If you require special testing due to a disability, please contact OPM to make arrangements. Persons with disabilities may wish to request information on the "Persons with Severe Disabilities" Employment Program.
6. Applicant information will be entered into a computer and all materials, including transcripts, will be available to state agencies. If you get a state job, your file is open to public inspection except for certain information specifically required by law to be kept confidential. All information provided during the application process is subject to investigation and verification. Also, a personal background investigation, including any civilian or military court records, may be conducted.
7. With this application, a person agrees to the state's overtime pay policy, which allows giving compensatory time instead of cash payments under certain conditions.
8. An original signature and date are required for each application.

County Number Codes

01 Adair	14 Cleveland	27 Grant	40 LeFlore	53 Nowata	66 Rogers
02 Alfalfa	15 Coal	28 Greer	41 Lincoln	54 Okfuskee	67 Seminole
03 Atoka	16 Comanche	29 Harmon	42 Logan	55 Oklahoma	68 Sequoyah
04 Beaver	17 Cotton	30 Harper	43 Love	56 Okmulgee	69 Stephens
05 Beckham	18 Craig	31 Haskell	44 McClain	57 Osage	70 Texas
06 Blaine	19 Creek	32 Hughes	45 McCurtain	58 Ottawa	71 Tillman
07 Bryan	20 Custer	33 Jackson	46 McIntosh	59 Pawnee	72 Tulsa
08 Caddo	21 Delaware	34 Jefferson	47 Major	60 Payne	73 Wagoner
09 Canadian	22 Dewey	35 Johnston	48 Marshall	61 Pittsburg	74 Washington
10 Carter	23 Ellis	36 Kay	49 Mayes	62 Pontotoc	75 Washita
11 Cherokee	24 Garfield	37 Kingfisher	50 Murray	63 Pottawatomie	76 Woods
12 Choctaw	25 Garvin	38 Kiowa	51 Muskogee	64 Pushmataha	77 Woodward
13 Cimarron	26 Grady	39 Latimer	52 Noble	65 Roger Mills	

Career Technology Centers

Contact the Career Technology Center nearest your home for information on test dates.

Ada	Pontotoc Technology Center, 601 West 33rd Street	580-310-2271
Alva	Northwest Technology Center, 1801 South 11th	580-327-0344
Ardmore	Southern Oklahoma Technology Center, 2610 Sam Noble Parkway	580-223-2070
Bartlesville	Tri-County Technology Center, 6101 SE Nowata Road	918-331-3226
Burns Flat	Western Technology Center, 621 Sooner Drive	580-562-3181
Durant	Kiamichi Technology Center, 810 Waldron Road	580-924-7081
Enid	Enid Community Learning Center, 2615 East Randolph	580-242-6600, ext. 123
Fort Cobb	Caddo-Kiowa Technology Center, North Vo-Tech Rd. & 7th Street	405-643-5511
Guymon	High Plains Technology Center, 712 Academy	580-338-0674
Idabel	Kiamichi Technology Center, RR. 3, Box 177 Highway 70	580-286-7555
Lawton	Great Plains Technology Center, 4500 West Lee Boulevard	580-351-6790
McAlester	Kiamichi Technology Center, 301 Kiamichi Drive	918-426-0940
Okmulgee	Green Country Technology Center, 1100 North Loop 56	918-756-1334
Poteau	Kiamichi Technology Center, 1509 South McKenna	918-647-4525
Sapulpa	Central Tech, 1720 South Main	918-224-9300
Tulsa	Downtown Tulsa Career Center, 2 North Elgin	918-596-2147
Wayne	Mid-America Technology Center, I-35 & Interchange 59	405-449-3391
Wetumka	Wes Watkins Technology Center, 7892 Highway 9	405-452-5500
Woodward	High Plains Tech, 3921 34th Street	580-571-6145

Name:_____ Social Security Number:_____

EDUCATIONAL BACKGROUND

Are you a high school graduate or have you passed a general education development (GED) test? Yes_____ No_____
(Will only be used as required by statute, law or bonafide job requirement)

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	Course of Study	Hours Completed	Date Completed

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

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

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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 that the facts contained in this application packet 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 state employment or employment examinations. I authorize investigation of all statements and information contained herein. Specifically, I authorize the State of Oklahoma 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 produce proof that I have a 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.

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 _____

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 _____

_____

Sign Your Name Here Date