

List all valid licenses/certifications:

Type	License Number	State	Expiration Date

Have any of the above licenses ever been suspended or revoked? Yes ___ No ___ If yes, explain.

List any fluency in foreign languages or sign language _____

III. MILITARY RECORD

Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of military service: _____

Were you ever the subject of formal disciplinary action, such as Court-Martial, Article 15's Captain's Mast etc., while in the service? Yes ___ No ___

If yes, explain: _____

IV. EMPLOYMENT HISTORY

Start with present or most recent employment and work back. Do not omit any periods of employment. Present employer will be contacted regarding applications for all Correctional Officer and Probation and Parole Officer positions.

May we contact your present employer? Yes No

Have you ever received any disciplinary action? Yes No

If yes, please explain _____

Have you ever been named in a workplace complaint or grievance? Yes No

If yes, please explain _____

Have you ever filed a workers' compensation claim? Yes No

If yes, please explain _____

Employer				Type of business		Full Time	
Mailing Address				Phone #		Part Time	
City and State						Seasonal	
Starting Date		Leaving Date		Starting Position Title		Present or Last Title	
Mo.	Yr.	Mo.	Yr.				

Immediate Supervisor: _____

Briefly describe your duties and responsibilities:

Reason for leaving: _____

Employer Mailing Address City and State				Type of business Phone #	Full Time Part Time Seasonal
Starting Date		Leaving Date		Starting Position Title	Present or Last Title
Mo.	Yr.	Mo.	Yr.		
Immediate Supervisor:					
Briefly describe your duties and responsibilities:					
Reason for leaving:					

Employer Mailing Address City and State				Type of business Phone #	Full Time Part Time Seasonal
Starting Date		Leaving Date		Starting Position Title	Present or Last Title
Mo.	Yr.	Mo.	Yr.		
Immediate Supervisor:					
Briefly describe your duties and responsibilities:					
Reason for leaving:					

Employer Mailing Address City and State				Type of business Phone #	Full Time Part Time Seasonal
Starting Date		Leaving Date		Starting Position Title	Present or Last Title
Mo.	Yr.	Mo.	Yr.		
Immediate Supervisor:					
Briefly describe your duties and responsibilities:					
Reason for leaving:					

Employer Mailing Address City and State				Type of business Phone #	Full Time Part Time Seasonal
Starting Date		Leaving Date		Starting Position Title	Present or Last Title
Mo.	Yr.	Mo.	Yr.		
Immediate Supervisor:					
Briefly describe your duties and responsibilities:					
Reason for leaving:					

Attach additional sheets if necessary

V. TRAFFIC AND/OR CRIMINAL HISTORY INFORMATION

Height _____ Weight _____ Eye Color _____ Hair Color _____ Sex _____

Scars and Tattoos _____

List all other names you have used including nicknames, maiden name, and, if applicable, the date of name change: _____

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor which involved the use or attempted use of physical force, or threatened use of a deadly weapon towards any current or former spouse or child of whom you are parent or guardian or person with whom you are or have co-habitated or share a child in common? Yes No

Have you ever been arrested, charged, or convicted of any offense (including traffic) which involved the illegal usage of drugs or alcohol? Yes No

Have you ever been arrested, charged, or convicted of any offense involving domestic violence? Yes No

Have you ever engaged or been subject of an investigation involving sexual abuse in an institutional setting? Yes No

Have you ever been arrested for an offense involving sexual abuse/activity involving force, threat of force/coercion? Yes No

Have you ever been civilly or administratively adjudicated in regard to a sexual abuse/activity? Yes No

Have you ever been alleged to or involved in any sexual harassment incidents? Yes No

Do you currently engage in any illegal drug usage? Yes No

If yes, explain _____

Do you have a current Oklahoma driver's license? Yes No

If yes, provide driver's license number _____

Have you ever had a driver's license suspended, revoked, or canceled? Yes No

If yes, provide reasons, dates, state of issuance and driver's license number _____

If you have ever been arrested, charged, pled guilty, nolo contendere, or convicted of any criminal violation, list below:

Date	Charge	Court, City, & State	Disposition

VI. RELATIVES

Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A."

If living, name of your:	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
Father	() Home () Work () Other	() Home () Work () Other
Mother	() Home () Work () Other	() Home () Work () Other
Spouse	() Home () Work () Other	() Home () Work () Other
Brother(s) and Sister(s)	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other

VII. REFERENCES

Below, please list any individuals with whom you have resided during the last six months who are not relatives (list no information prior to your 18th birthday).

Name	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
	() Home () Work () Other	() Home () Work ()) Other
	() Home () Work () Other	() Home () Work ()) Other
	() Home () Work () Other	() Home () Work ()) Other
	() Home () Work () Other	() Home () Work ()) Other

In the space below, please list as references 3-5 individuals who have professional knowledge of you. Exclude relatives and former employers.

Name	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other

VIII. WORK REQUIREMENT INFORMATION

Do you have any relative(s) presently employed by the Department of Corrections? Yes No

If yes, list name, relationship, and location:

Do you have any relative(s) currently under the care, custody, or supervision of the Department of Corrections? Yes No If yes, list name, relationship and location: _____

If offered employment, are you available to start work immediately? Yes No
If no, when are you able to start? _____

If offered employment, is there any reason you would not be able to continuously perform essential job requirements the first six months? Yes No If yes, please provide an explanation: _____

Are you legally eligible to work in the U.S.? Yes No

I have read the job requirements for the position I have applied for and certify that I am able to perform the essential job functions of that position, with or without, reasonable accommodation.

I further certify that all statements and information contained herein are true and complete and I understand that any misstatements or omissions of material fact will result in disqualification or dismissal.

Signature

Date

Part B: Completed by Applicant and Retained by the Facility for the Purpose of Complying with State and Federal Record Keeping Requirements.

Social Security Number

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Date of Birth

Mo. Day Yr.

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Gender

(M or F)

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Race or Ethnic Group (check 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)

**Oklahoma Department of Corrections
Authorization to Release Information for Employment**

Applicant's Name: _____

Current Address: _____

Date of Birth: _____ SS #: _____

Signature: _____ Date: _____

To Whom It May Concern: I am an applicant for employment with the Oklahoma Department of Corrections. The Department needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby request and authorize you to release to the Oklahoma Department of Corrections, any and all information or records concerning me, my background and personal history, my employment, education, military service, or criminal history. The intent of this authorization is to give my consent for full and complete disclosure of any and all information or records, including photocopies, whether private, public, confidential, or privileged, and to include the contents of investigatory files, evaluations or ratings, complaints or grievances tiled against me.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy of FAX copy does not contain an original writing of my signature.

I agree to indemnify and hold harmless any person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, arising out of or by reason of complying with this request.

Failure to release the information requested by the Department of Corrections may result in the discontinuance of the background investigation and the processing of my application.

For and in consideration of the Department of Corrections' acceptance and processing of my application for employment, I agree to hold the Department, its agents and employees, harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result to this investigation, such information may be turned over to the proper authorities.

This authorization is valid for one (1) year from the date of signature.

**OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR RECORD**

Please furnish information as indicated concerning the below-described person.

PLEASE RESPOND TO: Attention: _____
Requesting Employee Name

Facility Name

Facility Mailing Address

***** **THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY** *****

NAME: _____
Last Name First Name Middle Name

Alias(es)/any other names by which subject is known

Please indicate Need for Request (Check One):

____ Volunteer/ ____ Intern/ ____ Employee Background; position being applied for: _____
____ CLEET Certification ____ Visitor Check; Offender name & DOC #: _____

____ Offender: ____ Parole/ ____ Sex Offender/ ____ PSI/ ____ Early Term/ ____ New Case/
____ Delayed Sen./ ____ Absconder/ ____ Other, explain; _____

Address: _____
Street/Rural Route/Box # City State Zip Code

____ DOB ____ GENDER ____ RACE ____ EYE COLOR ____ HAIR ____ HEIGHT ____ WEIGHT

____ SOCIAL SECURITY NO. ____ DRIVER LICENSE NO

____ FBI NO. ____ OSBI NO.

Please check only ONE item per request:

____ FBI Record Transcript ____ Out of State Criminal History—State: _____
____ OSBI Record Transcript ____ Out of State Driver's License—State: _____
____ Department of Public Safety Record ____ Other Information Needed _____
____ NCIC - Wanted _____

I certify that the information applied for is necessary in the interest of the due administration of the laws and not for the purpose of assisting a private citizen or for personal use.

____ Date Signature
ORI No. _____