State of Oklahoma
EMPLOYMENT APPLICATION
Office of Human Capital Management

Will Rogers Building, Suite 160 ● 2401 North Lincoln Boulevard ● Oklahoma City, OK 73105
(405) 521-2171 ● HCM website: www.jobs.ok.gov ● E-mail: jobs@omes.ok.gov

Please print clearly or type
Please read instructions below before completing the application

Last 4 Digits of Social Security Number: _____ Date of Application: _____

Name: _____
Last First Middle

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

County: _____ E-mail address: _____

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

DEPARTMENT OF CORRECTIONS JOB FAMILY DESIRED (Check box for one job family only per application):

☐ Food Service Specialist _____Level II (Z20B) _____Level III (Z20C) _____Level IV (Z20D)

☐ Licensed Practical Nurse _____Level I (Y11A) _____Level II (Y11B)

☐ Patient Care Assistant _____Level I (Y10A) _____Level II (Y10B)

☐ Registered Nurse I (Y12A) _____Level I (Y12A) _____Level II (Y12B) _____Level III (Y12C)

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)

For Office Use Only

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

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. 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.

3. An original signature and date are required for each application.

Name: _____ Last 4 Digits of 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 bona fide 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:

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: _____ Last 4 Digits of 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):_____

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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):_____

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Approximate Ending Salary_____ Supervisor's Name and Title_____

Number and Occupation of Employees you Supervised_____

Reason for Leaving_____

_____

Sign Your Name Here Date

Name: _____ Last 4 Digits of Social Security Number: _____

EMPLOYMENT HISTORY (Continued)

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):_____

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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):_____

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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):_____

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Approximate Ending Salary_____ Supervisor's Name and Title_____

Number and Occupation of Employees you Supervised_____

Reason for Leaving_____

_____

Sign Your Name Here Date