



**OKLAHOMA BUREAU OF NARCOTICS AND
DANGEROUS DRUGS CONTROL
418 N. E. 38TH TERRACE
OKLAHOMA CITY, OK 73105-3406
405-521-2885 or 800-522-8031
Human Resources 405-530-3145
Fax 405-530-3889**

Application

DO NOT LEAVE ANY QUESTION BLANK
DO NOT PRINT DOUBLE SIDED

JOB TITLE: _____

DATE: _____ Earliest date available for employment: _____

I. Applicant Identification

1. Name _____
Last (Maiden Name) First Middle

2. Address _____
Number/Street Apt.

City State Zip Code

3. Mailing Address (if different) _____

4. Telephone (_____) _____ (_____) _____ (_____) _____
Home Work Cell

5. Social Security Number _____
(The Social Security Number will be used for identification purposes to ensure that proper records are obtained.)

6. E-Mail _____

II. Employment History

1. List chronologically beginning with present or latest employer.

a. Present or last employer _____
Date Employed ___/___/___ Date Separated ___/___/___ Phone _____
Address _____ City _____ State _____
Supervisor's Name and Title _____
Your Job Title _____
Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____
Full Time [] or Part Time []
Duties (Be Specific):

Reason for leaving

b. Present or last employer _____
Date Employed ___/___/___ Date Separated ___/___/___ Phone _____
Address _____ City _____ State _____
Supervisor's Name and Title _____
Your Job Title _____
Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____
Full Time [] or Part Time []
Duties (Be Specific):

Reason for leaving

c. Present or last employer _____
Date Employed ___/___/___ Date Separated ___/___/___ Phone _____
Address _____ City _____ State _____
Supervisor's Name and Title _____
Your Job Title _____
Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____
Full Time [] or Part Time []
Duties (Be Specific):

Reason for leaving

- d. Present or last employer _____
Date Employed ___/___/___ Date Separated ___/___/___ Phone _____
Address _____ City _____ State _____
Supervisor's Name and Title _____
Your Job Title _____
Starting Salary \$_____ per _____ Ending Salary \$ _____ per _____
Full Time [] or Part Time []
Duties (Be Specific):

Reason for leaving

- e. Present or last employer _____
Date Employed ___/___/___ Date Separated ___/___/___ Phone _____
Address _____ City _____ State _____
Supervisor's Name and Title _____
Your Job Title _____
Starting Salary \$_____ per _____ Ending Salary \$ _____ per _____
Full Time [] or Part Time []
Duties (Be Specific):

Reason for leaving

- f. Present or last employer _____
Date Employed ___/___/___ Date Separated ___/___/___ Phone _____
Address _____ City _____ State _____
Supervisor's Name and Title _____
Your Job Title _____
Starting Salary \$_____ per _____ Ending Salary \$ _____ per _____
Full Time [] or Part Time []
Duties (Be Specific):

Reason for leaving

2. Have you ever been fired or asked to resign from any place of employment?
Yes _____ No _____ If "yes", Employer's name _____
Please explain: _____

3. Have you ever been disciplined (formally or written) in any of your employment?
Yes _____ No _____
If "yes", please explain: _____

4. Would any problem result if your present employer were contacted during the course of the application or background investigation? Yes _____ No _____ If "yes", when should such contact be made? _____

III. Educational History

1. High School Attended _____
Graduated? Yes _____ No _____ City and State _____
Dates Attended: From (mo/yr) _____ To (mo/yr) _____

2. College/University Attended:

<i>Name</i>	<i>City/State</i>	<i>Dates Attended From (mo/yr) To (mo/yr)</i>	<i>Hrs. Completed</i>	<i>Major/Minor</i>	<i>Degree Earned & Date (mo/yr)</i>	<i>GPA</i>

Attach a copy of your official transcript and diploma.

3. Graduate School Attended:

<i>Name</i>	<i>City/State</i>	<i>Dates Attended From (mo/yr) To (mo/yr)</i>	<i>Hrs. Completed</i>	<i>Major/Minor</i>	<i>Degree Earned & Date (mo/yr)</i>	<i>GPA</i>

Attach a copy of your official transcript and diploma.

4. List any other schools attended (trade, vocational, business, etc.)

Name	Address/City/State	Dates Attended From (mo/yr) To (mo/yr)	Course of Study	Certificate

5. List any special licenses you hold (such as pilot, radio operator, scuba, etc.) showing licensing authority, original date of issue and date of expiration: _____

6. Were you ever suspended or expelled while attending school during the last ten years?
 Yes _____ No _____ If "yes", please give details _____

7. List any specialized machinery or equipment that you can operate: _____

8. List any other special skills, qualifications or bilingual skills you may possess: _____

9. Have you ever been certified as a police officer? Yes _____ No _____
 If "yes", in which state(s) were you certified? _____
 Year(s) of certification _____
Attach a copy of your certification.

10. List any other law enforcement agencies you have applied at: _____

11. List any reserve or volunteer law enforcement agency you are or have been affiliated with. _____
 Date Started ___/___/___ Date Separated ___/___/___ Phone _____
 Address _____ City _____ State _____
 Supervisor's Name and Title _____
 Your Reserve Title _____
 Duties (Be Specific): _____

Attach additional form if more than one commitment has been served.

IV. Military Record

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

If yes, please attach your DD-214

Branch of Service: _____ Date Served: From _____ To _____

Military Occupation: _____ Rank _____

Type of Discharge

- Honorable
- Medical
- Hardship
- Other Explain: _____

Type of Release from active duty:

- Expiration of enlistment
- Retired
- Other Explain: _____

Reserve status: None Active Inactive Discharge date: _____

Are or have you ever been a member of the National Guard of other Reserve Unit?

Yes No Branch: Army Navy Air Force Marine Corps Coast Guard

If you are in a pay status requiring drills, meetings, or camps, give unit and location: _____

If you were ever disciplined while in the military service, explain circumstances in detail. List dates, nature of offenses(s), type of courts martial or company punishment and disposition of any charges. Show any and all fines, restrictions and confinement in detail.

<i>Offense</i>	<i>Type of Courts Marital</i>	<i>Disposition of Charge</i>	<i>Fine, Restrict & Confinement</i>

V. Personal References

Provide the names of three people (not related to you and not current or former employers), who have known you for at least five (5) years. All people to whom you refer may be asked to appraise your character, honesty, integrity, qualifications, experience, personality, activities and other qualities.

1. Name _____ Home Telephone (____) _____
Last First MI

Address _____ Years Known _____
Number Street City State Zip

Business, Occupation, or Profession _____

Name of Business/Employer _____

Business Address _____
Number Street City State Zip

Business Telephone (____) _____ Cell (____) _____

E-Mail Address _____

2. Name _____ Home Telephone (____) _____
Last First MI

Address _____ Years Known _____
Number Street City State Zip

Business, Occupation, or Profession _____

Name of Business/Employer _____

Business Address _____
Number Street City State Zip

Business Telephone (____) _____ Cell (____) _____

E-Mail Address _____

3. Name _____ Home Telephone (____) _____
Last First MI

Address _____ Years Known _____
Number Street City State Zip

Business, Occupation, or Profession _____

Name of Business/Employer _____

Business Address _____
Number Street City State Zip

Business Telephone (____) _____ Cell(____) _____

E-Mail Address _____

VI. Friends, Acquaintances, or Family Members currently or previously employed by the OBNDCC

<i>Complete Name</i>	<i>Location/Section</i>	<i>Length of Acquaintance</i>

VII. Other Eligibility Requirements

1. Are you a citizen of the United States? Yes ____ No ____ Are you approved to work in the United States? Yes ____ No ____ (Attach proof of eligibility)

2. If you are applying for a commissioned position, are you willing and prepared to accept assignment or transfer anywhere within the state of Oklahoma? Yes _____ No _____

3. The successful candidate will be offered employment conditional upon the satisfactory completion of an extensive background investigation, polygraph examination and drug screen. Commissioned applicants must complete a physical examination and psychological evaluation. If offered employment with the OBNDDC, do you agree to participate in this process? Yes _____ No _____ (If "no", please indicate which step of the process with which you have an objection.) _____

Inclusions: You will need a copy of the following documents attached to the application. If the application is not fully completed, the application will be considered incomplete and will not be processed.

Copy of Driver's License
 Copy of Social Security Card
 Copy of School Transcripts
 Copy of DD214 if applicable
 Certificates, Licensure, or other Relative Document

VIII. Affirmation

I hereby authorize the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control to verify the information I have provided in this employment application, in my oral statements and in any other documents or supplemental information I have provided to the OBNDDC for the purposes of employment. I release the OBNDDC and any employee acting on its behalf from any and all causes of action, which may accrue to me as a result of said verification and disclosure of records

I authorize my current employer and/or any previous employers, and any other person, to give information they have regarding me, my employment, or other association with them. I release them and their organizations from any liability for damages accruing to me as a result of said disclosure of records or other information. I certify that all information I have supplied to the OBNDDC in this application and in any other form, oral or written, is true and accurate. I understand and agree that any misstated, misleading, incomplete, or false information is grounds for my disqualification from consideration for employment, for withdrawal of my offer of employment if an offer has been made, or for my immediate discharge if employment has already commenced whenever and however discovered.

 Signature of Applicant

State of _____)
 County of _____)

Subscribed and sworn to before me, a Notary Public in and for the STATE OF OKLAHOMA, on this ____ day of _____, 20__.

 Notary Public

SEAL
 My Commission Expires:



**OKLAHOMA BUREAU OF NARCOTICS AND
DANGEROUS DRUGS CONTROL
419 N. E. 38TH TERRACE
OKLAHOMA CITY, OK 73105-3406
405-521-2885 or 800-522-8031
Human Resources 405-530-3145
Fax 405-530-3889**

Background Questionnaire

DO NOT LEAVE ANY QUESTION BLANK

JOB TITLE: _____

DATE: _____

I. Applicant Identification

1. Name _____
Last (Maiden Name) First Middle

2. Address _____
Number/Street Apt.

City State Zip Code

3. Mailing Address (If different) _____

4. Telephone (_____) _____ (_____) _____ (_____) _____
Home Work Cell

5. Social Security Number _____
(The Social Security Number will be used for identification purposes to ensure that proper records are obtained.)

<i>Nature of Violation</i>	<i>City/State</i>	<i>Approximate Date</i>	<i>Action Taken</i>

5. Have you been involved as a driver in a motor vehicle accident within the last 7 years? Yes____ No____ If “yes”, please give details for each accident. (Include date, location, whether police investigated, police agency, injury or non-injury and details on attachment)

6. If there is anything you wish to discuss about your driving record, please use the space below. _____

7. Has your license ever been suspended or revoked? Yes____ No____ If “yes” please give details (include what, when, where, why).

<i>Approximate Date</i>	<i>City/State</i>	<i>Reason for Suspension</i>

IV. Financial History

1. Have you ever filed for Bankruptcy? Yes____ No____ If “yes”, what year? _____

2. In the last 5 years, have you ever been delinquent in any of your accounts? Yes____ No____ If “yes”, please explain _____

3. List any significant credit problems you may currently have: _____

V. Tax Information

1. Have you filed timely state and federal tax returns?
 Yes ___ No ___ If "no", Explain _____

2. Have you ever been delinquent on income or other tax payments?
 Yes ___ No ___ If "yes" give exact details. _____

VI. Miscellaneous

1. Have you ever been arrested, charged or convicted of a misdemeanor and/or felony crime, including DUI or DWI? Yes _____ No _____ (If "yes", describe in detail.)

<i>Date</i>	<i>Arresting Agency</i>	<i>Charge</i>	<i>Outcome</i>

2. Have you ever committed a crime, which went undetected or unsolved?
 Yes _____ No _____ (If "yes", described in detail, including nature of illegal activity, dates and duration of illegal activity.) _____

3. Has any member of your family or close relative (including in-laws) ever been convicted of a felony? Yes _____ No _____ (If "yes", please answer the following.)

<i>Name</i>	<i>Relation</i>	<i>Date</i>	<i>Place</i>	<i>Charge</i>	<i>Final Disposition</i>

4. Have you ever been a ___ plaintiff or a ___ defendant in a civil or criminal court action? (Please check specifically)
 Yes _____ No _____ (If "yes", please answer the following.)

<i>Date</i>	<i>Place</i>	<i>Involved Parties</i>	<i>Nature of Action</i>	<i>Final Disposition</i>

5. Do you or your spouse have any financial interest in any business enterprise involved in the manufacture or distribution of drugs or pharmaceuticals? Yes ____ No ____ (If "yes", specify) _____

6. Do you now, or have you ever possessed, used or distributed any controlled dangerous substances such as Narcotics, Amphetamines, Barbiturates, Mescaline, L.S.D. or any other drug not specifically prescribed for you by a physician? Yes ____ No ____ (If "yes", explain fully)

7. Have you ever smoked or experimented with marihuana, hashish, or any dangerous drug or narcotic? Yes ____ No ____ (If "yes", explain fully)

<i>Approximate Date of Last Use</i>	<i>Type(s) of CDS used</i>	<i>Approximate Number of Separate Uses</i>

8. Have you ever sniffed or inhaled glue, paint, lacquer, gas, or any substance with the intent of getting high or drunk? Yes ____ No ____ (If "yes", explain fully)

<i>Approximate Date of Last Use</i>	<i>Type(s) of CDS used</i>	<i>Approximate Number of Separate Uses</i>

9. Are you a citizen of the United States? Yes ____ No ____ Are you approved to work in the United States? Yes ____ No ____ (Attach proof of eligibility)

10. If you are applying for a commissioned position, are you willing and prepared to accept assignment or transfer anywhere within the state of Oklahoma? Yes ____ No ____

11. The successful candidate will be offered employment conditional upon the satisfactory completion of an extensive background investigation, polygraph examination and drug screen. Commissioned applicants must complete a physical examination and psychological evaluation. If offered employment with the OBNDDC, do you agree to participate in this process? Yes ____ No ____ (If "no", please indicate which step of the process with which you have an objection.) _____

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I hereby authorize the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control to verify the information I have provided in this background questionnaire, in my oral statements and in any other documents or supplemental information I have provided to the OBNDDC for the purposes of employment. I release the OBNDDC and any employee acting on its behalf from any and all causes of action, which may accrue to me as a result of said verification and disclosure of records

I authorize my current employer and/or any previous employers, and any other person, to give information they have regarding me, my employment, or other association with them. I release them and their organizations from any liability for damages accruing to me as a result of said disclosure of records or other information. I certify that all information I have supplied to the OBNDDC in this application and in any other form, oral or written, is true and accurate. I understand and agree that any misstated, misleading, incomplete, or false information is grounds for my disqualification from consideration for employment, for withdrawal of my offer of employment if an offer has been made, or for my immediate discharge if employment has already commenced whenever and however discovered.

Signature of Applicant

State of _____)
County of _____)

Subscribed and sworn to before me, a Notary Public in and for the STATE OF OKLAHOMA, on this ____ day of _____, 20__.

Notary Public

SEAL

My Commission Expires: