Employment Application
Oklahoma Insurance Department

Notice to Applicants

The Oklahoma Insurance Department is an equal employment opportunity employer. All individuals are welcome to seek employment with the Oklahoma Insurance Department regardless of race, color, sex, ancestry, age, national origin, creed, political affiliation, religion or disability, so long as the disability does not render the person unable to do the work for which employed. Applicants will not be unfairly discriminated against before or during their employment.

Employment at the Oklahoma Insurance Department is on an at-will basis only. Either party may terminate the employment relationship at any time. Employees of the Oklahoma Insurance Department are not covered by the general rules or statutes governing the Merit System of Personnel Administration, except insofar as some leave, whistleblower, discrimination, performance evaluation and salary regulations are concerned. No procedures or prior notice whatsoever is required before the Commissioner or the Commissioner's designee may exercise discretion to terminate any person's employment.

I state that I have read and understand this notice.

_____ _____

Applicant Signature Date

Notice of Disqualification

Failure to answer questions truthfully or providing misleading or falsified information will disqualify the applicant for any position offered by the Oklahoma Insurance Department and if discovered after employment may result in dismissal from employment. I state that I have read and understand this disqualification notice.

_____ _____

Applicant Signature Date

Answer every question on the application. If a question does not apply, indicate N/A in the space provided for the answer. Your answers are not limited to the space provided on the application. Attach additional pages as needed.

1) General Information

a) Legal Name:_____
First Middle Last

Have you ever been known by another name (including maiden name)?____Yes ____No

If yes, list the other names by which you have been known:_____

_____

b) Address where you can be reached: _____

_____

c) Phone number(s) where you can be reached: _____

d) Are you a United States citizen: Yes_____ No_____

If you answered no, what documentation do you have to show that you are legally eligible to work in the United States? _____

e) When are you available to start working for the Oklahoma Insurance Department?

_____

f) Have you read the job description of the position for which you are applying?
Yes_____ No _____

Are you now capable of performing the duties required of that job?
Yes_____ No _____

If you answered no, do you feel an accommodation can be reasonably made to allow you to perform the essential job duties?
Yes_____ No _____

If you answered yes, explain:

_____

_____

2) Educational Background

Official transcripts, certified copies of certificates and/or diplomas should be included with this application.

a) Have you received your high school diploma or GED? Yes_____ No_____

Years attended_____

Name and address of school_____

_____

b) Technical School(s) Attended:

Name and Address of School	Highest Level Attained	Dates Attended

c) College(s) and/or University(s) Attended:

Name and Address of School	Highest Level Attained	Dates Attended

3) Employment History

a) The Oklahoma Insurance Department may choose to contact your previous employers to ask more detailed questions about your prior work experience. See attached Release of Information and sign if you agree with the terms of that consent.

Have you previously applied for employment with the Oklahoma Insurance Department?
Yes _____ No_____ If yes, when was that application submitted? _____

b) Are you currently employed? Yes____ No ____
If yes, are you currently employed by a State agency? Yes_____ No _____

c) List in chronological order all previous employers including your present employer, beginning with your current or most recent employer. If any employer knew you under another name, provide the name by which that employer knew you.

Name and Address of Employer	Title/Job	Employment Dates
	Name by which you were known:	Ending Salary
Phone: ( )		
	Name by which you were known:	Ending Salary
Phone: ( )		
	Name by which you were known:	Ending Salary
Phone: ( )		
	Name by which you were known:	Ending Salary
Phone: ( )		
	Name by which you were known:	Ending Salary
Phone: ( )		

4) Professional Licenses/Certification

a) List all professional licenses and/or certifications. If you hold a license and/or certification under another name, please provide the name on the license and/or certification.

Name and Address of Entity Issuing License/Certification	Type of License/ Certification	Date Issued	Status of License/ Certification
	Name on License/Certification:		
	Name on License/Certification:		
	Name on License/Certification:		
	Name on License/Certification:		

b) Have you ever had a consumer complaint, administrative proceeding, civil action or other legal proceeding (including pending actions) filed against you regarding your activities under the above listed license(s) and/or certification(s)?

Yes_____ No_____

If yes, provide the following information, attaching additional pages as needed:

Name and Mailing Address of Court/Administrative Agency	Type of Action	Date of Action	Outcome

5) Driving Record

The job for which you are applying may require you to use your private car or a state car in the performance of your job related duties.

a) Do you have a current Oklahoma Driver's license? Yes_____No_____

If yes, provide your driver's license number: _____

b) Has your driver's license been suspended within the last five (5) years?
Yes_____ No_____

If yes, what was the reason for the suspension? _____

_____

_____

_____

When was your license reinstated? _____

_____

6) References

The Oklahoma Insurance Department may choose to contact your references. Family members are not acceptable references. See the attached Release of Information and sign it if you agree with the terms of that consent.

Name and Address of Reference	Daytime Phone Number	Occupation of Reference	Nature and Length of Acquaintance
	Area Code:		
	Area Code:		
	Area Code:		

7) Verification

I verify the answers provided above are true and correct.

_____ _____

Signature of Applicant Date

RELEASE OF INFORMATION

I, _____, do hereby authorize representatives of the Oklahoma Insurance Department to have access to my employment records with my current and former employers, educational records, and any other information it may request of my current and former employers, which is not in conflict with state or federal law, in regard to its background investigation of me to be conducted for possible employment with the Oklahoma Insurance Department.

I further authorize the Oklahoma Insurance Department to contact the people I have listed as references to request information concerning me, which is not in conflict with state of federal law, in regard to its background investigation of me to be conducted for possible employment with the Oklahoma Insurance Department.

This authorization is valid for 90 days beyond the date listed below, and a machine copy of this authorization is to be considered as valid as an original.

_____ _____

Signature of Applicant Date