Oklahoma State Bureau of Investigation

STAN D. FLORENCE
Director

CHARLES CURTIS
Deputy Director

Dear Applicant:

Thank you for your interest in a practicum with the OSBI. Enclosed are the OSBI application materials for practicum. Please complete these materials and return them to:

OSBI Human Resources Section
6600 North Harvey
Oklahoma City, OK 73116

It is important that your application is legible and complete. Please note that our work history section requires every job you have ever held. Successful applicants with the OSBI are also required to undergo a polygraph, and a background investigation. Certain events automatically disqualify applicants. These events are:

- possession of a felony conviction record;
- illegal use of controlled dangerous substance within certain time frames;
- selling, distributing, or manufacturing controlled dangerous substances
- a positive, confirmed drug test;
- admission of an undetected crime that, if known, would have been a felony or serious misdemeanor charge;
- failure to file state or federal income taxes.

Any qualified applicant with a disability may request reasonable accommodation to complete the application/interview process. The specific nature of the accommodation requested and the reason for the request should be provided at the time of initial application. This letter is not an offer of employment.

If you have questions, please call me at 879-2963 or e-mail at anne.simons@osbi.ok.gov.

Sincerely,

Anne Simons
Personnel Officer

Enclosure, as stated

EQUAL OPPORTUNITY EMPLOYER

The OSBI is an Equal Opportunity Employer.

OKLAHOMA STATE BUREAU OF INVESTIGATION
6600 North Harvey Place
PRACTICUM Oklahoma City, Oklahoma 73116-7910
(405) 848-6724
FAX (405) 842-0675

Pre-Employment Application

I. APPLICANT IDENTIFICATION

DATE:_____

1. Name_____
Last *First* *Middle*

2. Address_____
Number/Street *City/State* *ZIP Code*

3. E-mail Address:_____

4. Telephone (_____)_____ (____)_____ (____)_____
Day *Evening* ☐ *Cell* ☐ *Pager*

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

6. Are you at least eighteen (18) years old? YES_____ NO_____

7. If applying for a commissioned law enforcement position, are you at least twenty-one (21) years of age? YES_____ NO_____

8. Have you ever applied for any position with the OSBI before? YES_____ NO_____

If your answer is "yes," please indicate: Position you applied for_____

Date of previous application:_____ Outcome of previous application:_____

_____

Beginning with your present job or your current period of unemployment, list **ALL** employment, including part-time, military, temporary, seasonal, self-employment and volunteer work [*Include employers who may no longer be in business, employment that does not directly relate to the position for which you are applying, employment while in school, etc. OMIT NOTHING*]. **Include all employers throughout your life, including high school years**. If you have intervening periods of unemployment, list those periods in sequence in the spaces provided. This application provides space for four (4) instances of employment. If you have more than 4 present and previous instances of employment, make sufficient copies of page 3 to list all employment.

Each applicant's employment/unemployment history must be complete. ***Applicants who have not provided a complete, chronological employment/unemployment history will have failed to submit an application correctly and will be disqualified from competing.***

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II. WORK HISTORY

Dates of Employment: From (Mo/Yr)_____ To (Mo/Yr)_____ ☐ Full-time ☐ Part-time

Average Hours per Week_____ Starting Salary $_____per_____ Ending Salary $_____per_____

Name and Address of Employer _____

_____

Employer's Telephone:_____ Your Title While Employed:_____

Description of Your Duties:_____

_____

_____

_____

Name at least two individuals who supervised or evaluated your work performance:_____

_____# of Persons You Supervised : _____

Name(s) of Co-worker(s):_____

Reason for Leaving:_____

☐ **Not Employed:** From (Mo/Yr)_____ To (Mo/Yr)_____

Dates of Employment: From (Mo/Yr)_____ To (Mo/Yr)_____ ☐ Full-time ☐ Part-time

Average Hours per Week_____ Starting Salary $_____per_____ Ending Salary $_____per_____

Name and Address of Employer _____

_____

Employer's Telephone:_____ Your Title While Employed:_____

Description of Your Duties:_____

_____

_____

_____

Name at least two individuals who supervised or evaluated your work performance:_____

_____# of Persons You Supervised : _____

Name(s) of Co-worker(s):_____

Reason for Leaving:_____

☐ **Not Employed:** From (Mo/Yr)_____ To (Mo/Yr)_____

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II. WORK HISTORY, CONTINUED

Dates of Employment: From (Mo/Yr)_____ To (Mo/Yr)_____ ☐ Full-time ☐ Part-time

Average Hours per Week_____ Starting Salary $_____per_____ Ending Salary $_____per_____

Name and Address of Employer _____

_____

Employer's Telephone:_____ Your Title While Employed:_____

Description of Your Duties:_____

_____

_____

_____

Name at least two individuals who supervised or evaluated your work performance:_____

_____# of Persons You Supervised : _____

Name(s) of Co-worker(s):_____

Reason for Leaving:_____

☐ **Not Employed:** From (Mo/Yr)_____ To (Mo/Yr)_____

Dates of Employment: From (Mo/Yr)_____ To (Mo/Yr)_____ ☐ Full-time ☐ Part-time

Average Hours per Week_____ Starting Salary $_____per_____ Ending Salary $_____per_____

Name and Address of Employer _____

_____

Employer's Telephone:_____ Your Title While Employed:_____

Description of Your Duties:_____

_____

_____

_____

Name at least two individuals who supervised or evaluated your work performance:_____

_____# of Persons You Supervised : _____

Name(s) of Co-worker(s):_____

Reason for Leaving:_____

☐ **Not Employed:** From (Mo/Yr)_____ To (Mo/Yr)_____

IF ADDITIONAL WORK HISTORY EXISTS, ATTACH EXTRA COPIES OF THIS PAGE.

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II. WORK HISTORY, CONTINUED

1. Have you ever been fired or asked to resign? YES_____ NO_____

   If "yes," give details (include name of employer):_____

   _____

2. Have you ever been disciplined in any of your employment? YES_____ NO_____

   If "yes," explain (include name of employer):_____

   _____

4. Would any problem result if your present employer were contacted during the course of the background investigation? YES_____ NO_____ If "yes," when should such contact be made?_____

   NOTE: <u>No</u> final offer of employment will be made <u>without</u> contacting your current employer.

III. MOTOR VEHICLE LICENSE INFORMATION

(Complete this section only if job tasks require driving. Refer to job task document enclosed.)

1. Are you a licensed driver? YES_____ NO_____
   If "yes," provide the following information.

   License Number_____ State of issue_____

   License Type_____ Expiration date_____

   Restrictions_____

2. List any other states in which you have been licensed to operate a motor vehicle.

   _____

3. Have you ever been refused a driver's license to operate a motor vehicle? YES_____ NO_____

   If "yes," please explain:_____

4. List all traffic citations (exclude parking violations) you have received within the last 7 years.

Nature of Violation	City/State	Approximate Date	Action Taken

5. Have you been involved as a driver in a motor vehicle accident within the past 7 years?

   YES_____ NO_____ If "yes," give details (include what, when, where, why).

   _____

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IV. EDUCATIONAL HISTORY

1. High School Attended_____ Graduated YES_____ NO_____

   City and State_____ Dates Attended_____

2. College or University Attended _____

   City and State_____ Dates Attended_____

   College Hours Completed_____ Major/Minor_____

   Degree, if any, and date_____ GPA_____

- College or University Attended _____

  City and State_____ Dates Attended_____

  College Hours Completed_____ Major/Minor_____

  Degree, if any, and date_____ GPA_____

- College or University Attended _____

  City and State_____ Dates Attended_____

  College Hours Completed_____ Major/Minor_____

  Degree, if any, and date_____ GPA_____

IF ADDITIONAL COLLEGE/UNIVERSITY HISTORY EXISTS, ATTACH ADDITIONAL COPIES OF THIS PAGE.

3. List any other schools attended (*trade, vocational, business, etc.*). Give name and address of school, dates attended, course of study, certificate, and any other pertinent information:

   _____

4. Were you ever suspended or expelled while attending school?

   YES_____ NO_____ If "yes," please give details._____

   _____

5. List any other special skills or qualifications you may possess._____

   _____

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V. FRIENDS, ACQUAINTANCES, OR FAMILY MEMBERS EMPLOYED BY THE OSBI

Complete Name	Location	Length of Acquaintance

VI. MISCELLANEOUS

1. Other than incidents resulting in sealed juvenile records, have you ever been arrested or convicted of a felony crime, serious misdemeanor, or crime involving moral turpitude?
   YES____ NO____ If "yes," describe in detail._____

   _____

NOTE: *Confidentiality requirements do not apply to juveniles who were tried as adults or as Youthful Offenders. 10 O.S. 7303-4.3, 7306-1.1, 7306-2.2 and 7306-2.6A set the parameters for juveniles who are treated as adults or Youthful Offenders. Generally, a juvenile or Youthful Offender is treated as an adult when they have committed murder; kidnapping; robbery with a dangerous weapon; robbery in the first degree if personal injury results; rape in the first degree; rape by instrumentation; use of firearm or other offensive weapon while committing a felony; arson in the first degree; burglary with explosives; burglary in the first or second degree after three or more adjudications for committing burglary in the first or second degree; shooting with intent to kill; discharging a firearm, crossbow or other weapon from a vehicle; intimidating a witness; manslaughter in the first degree; sodomy; trafficking in illegal drugs; manufacturing, distributing, dispensing or possessing with intent to manufacture, distribute or dispense a controlled dangerous substance, or assault and battery with a deadly weapon. (10 O.S. 7306-1.1) Consequently, criminal records regarding these crimes are not confidential, and these records must be listed above.*

2. Other than crimes that would have been sealed in juvenile records, have you ever committed a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unsolved? YES____ NO____
   If "yes," describe in detail, including nature, dates, and duration of illegal activity. Describe any illegal use of controlled dangerous substances by explaining the type of drug used, how many times you used it, and over what period of time (years) the use occurred (including your age at the first time used).

   _____

   _____

NOTE: *Confidentiality requirements do not apply in this instance to undetected or unsolved crimes when a juvenile would have been treated as an adult or Youthful Offender (see comments on Question 1 in this part).*

Undetected crimes include any illegal use of controlled dangerous substances. Failure to reveal illegal drug use at this time may be grounds for disqualification.

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VI. MISCELLANEOUS, CONTINUED

3. Are you a U.S. citizen or, if you are not a U.S. citizen, are you approved to work in the United States? YES_____ NO_____
   NOTE: Proof of eligibility will be required before you can be employed.

4. Earliest date you are available for employment:_____

VI. AFFIRMATION

I hereby authorize the Oklahoma State Bureau of Investigation 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 OSBI for the purposes of employment. I release the OSBI and any employee acting on its behalf from any and all causes of action that may accrue to me as a result of said verification and disclosure of records.

I certify that all information I have supplied to the OSBI 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 any offer of employment if an offer has been made, or for my immediate discharge if employment has already commenced, whenever and however discovered.

If successful in my application, I understand I may be offered employment conditional upon the satisfactory completion of a post-offer employment questionnaire, thorough background investigation, polygraph examination, drug screen, and/or psychological evaluation. If offered employment with the OSBI, I agree to participate in this process. I understand that refusal to participate in any part of the background investigation process may result in my disqualification from consideration for employment or withdrawal of a conditional offer if one has been made.

I understand that nothing in this application is intended to imply or create an employment relationship or contract of employment.

_____ _____
Date of Signature Signature of Applicant

State of Oklahoma
County of_____

Subscribed and Sworn to before me on this _____ day of _____, _____.

_____ My Commission Expires:_____
Notary Public

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OSBI APPLICANT DRUG QUESTIONNAIRE

In accordance with Title 74 O.S. § 150.8 and the Oklahoma Drug-free Workplace Act, the OSBI screens its applicants for a history of illegal drug use. The OSBI is charged with enforcement of all laws of the State of Oklahoma and provides the drug analysis laboratories for all Oklahoma law enforcement agencies. Therefore, illegal drug use by OSBI employees would be unacceptable. To be considered for employment with OSBI, it is mandatory that applicants being considered complete this form prior to the interview. Noncompliance with this requirement may result in non-consideration for employment. This questionnaire will be disclosed only to the appropriate OSBI officials with a need to know or as required by law.

APPLICANT NAME _____ SSN_____
(Please Print)

Please indicate whether you are currently using and the date, if any, on which you last used any of the following substances. Do not include instances in which the substance was prescribed, administered, or dispensed to you by a licensed physician in compliance with the law for treatment of an actual medical condition from which you suffer(ed) at the time of dispensation.

SUBSTANCE	ARE YOU CURRENTLY USING THIS SUBSTANCE?	DATE YOU LAST USED/TRIED THIS SUBSTANCE?	TOTAL # OF TIMES USED	CHECK (X) IF NEVER TRIED/USED
MARIHUANA	yes_____ no_____	_____ (approx. yr.)	_____	_____
HASHISH/ HASH OIL	yes_____ no_____	_____ (approx. yr.)	_____	_____
COCAINE/ CRACK	yes_____ no_____	_____ (approx. yr.)	_____	_____
PCP	yes_____ no_____	_____ (approx. yr.)	_____	_____
HEROIN	yes_____ no_____	_____ (approx. yr.)	_____	_____
OPIUM	yes_____ no_____	_____ (approx. yr.)	_____	_____
Including Derivatives: Hydrocodone (Vicodin, Lorcet, Tussionex) Hydromorphone (Dilaudid) Oxycodone (Percocet, Percodan)	yes_____ no_____	_____ (approx. yr.)	_____	_____
LSD	yes_____ no_____	_____ (approx. yr.)	_____	_____
AMPHETAMINE/ METHAMPHETAMINE (Circle the substance used)	yes_____ no_____	_____ (approx. yr.)	_____	_____
LIST ANY OTHER CONTROLLED SUBSTANCE(s) _____		_____ (approx. yr.)	_____	_____

I certify that the information provided above is correct and complete. I understand any conditional offer of employment is made based upon the information provided in the Pre-Employment Application, during any interview with any OSBI representative, and on this drug questionnaire. Any misstatement of fact or omission of information may subject me to disqualification for further consideration in the hiring process or to withdrawal of conditional offer is one has been made.

_____Signature of Applicant _____Date

State of Oklahoma
County of_____Subscribed and Sworn to before me on this _____ day of _____, _____

Notary Public_____My Commission Expires:_____

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