

PERSONAL DATA SUMMARY SHEET

(The original copy must be submitted to the requesting agency's personnel office. Retain a copy for your records.)

TITLE OF JOB FAMILY AND LEVEL FOR WHICH CERTIFICATION IS REQUESTED: _____

NAME: _____

Last
First
Middle
Employee ID

INFORMATION ON THIS FORM IS SUBJECT TO VERIFICATION.

Education	Name	Location	Dates Attended	Hours Completed	Hours Completed or Degrees and Majors
Other					
Registration, certification or licensure: Type:		Granted By:			Effective Dates:

QUALIFYING EXPERIENCE: -- (List only jobs that include relevant experience for the proposed Job Family and Level.)

Employer and Location	Position Held	Hours Per Week	Date Employed	Date Separated	Description of Duties

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 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 Section 359 of this title."

I certify, subject to the penalties provided by law, that all information listed above is correct to the best of my knowledge.

 Signature of Employee or Personnel Officer

DATE: _____

I authorize the hiring agency to review and photocopy any and all of my performance evaluations for their consideration in this hiring decision. _____
Signature of Employee