



OKLAHOMA LOTTERY COMMISSION

EMPLOYMENT APPLICATION

c/o: Office of State Finance
Attn: Human Resources
2300 N. Lincoln Boulevard, Room 122
Oklahoma City, Oklahoma 73105
PHONE: 405.522.0004

Lottery Commission Employment Opportunities at <http://www.lottery.ok.gov>
EMAIL questions to: personnel@lottery.ok.gov

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Business Phone: _____

May we contact you at work for interview purposes? _____

Position sought: _____

Date available for employment: _____

EDUCATION: Include high school, vocational school and college. Verification of all levels of education may be required. Official transcript, diploma, or certificates may be required, however, to meet application deadline, copies are acceptable.

Name of School or College	City, State	Number Of College Hours Completed	Diploma or Type of Degree Received	Area of Study

List any professional or occupational license(s) or registration(s):

Have you ever worked for the State of Oklahoma? ☐ YES ☐ NO

If YES, please list agency(s) and date(s) of employment: _____

EXPERIENCE: PLEASE LIST DIFFERENT POSITIONS WITH EACH EMPLOYER AS SEPARATE PERIODS OF EMPLOYMENT. PLEASE PROVIDE INFORMATION ABOUT YOUR LAST 3 EMPLOYERS AT A MINIMUM. YOU MAY OTHERWISE LIMIT YOUR RESPONSE TO THE LAST 10 YEARS OF RELATIVE EXPERIENCE.

1. Present employer and location: _____

Job Title:		Employed Since:	
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May we contact your present employer as a reference: ☐ YES ☐ NO

Supervisor's Name:		Supervisor's phone:	
Description of Work Performed:			

No. of Employees Supervised:		Ending Salary:	\$	per		Hours worked per week:	
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Reason for Leaving:	
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2. Employer and location: _____

Job Title:		Date Employed:	From		To	
Supervisor's Name:		Supervisor's phone:				
Description of Work Performed:						

No. of Employees Supervised:		Ending Salary:	\$	per		Hours worked per week:	
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Reason for Leaving:	
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3. Employer and location: _____

Job Title:		Date Employed:	From		To	
Supervisor's Name:		Supervisor's phone:				
Description of Work Performed:						

No. of Employees Supervised:		Ending Salary:	\$	per		Hours worked per week:	
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Reason for Leaving:	
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4. Employer and location: _____

Job Title:		Date Employed:	From		To	
Supervisor's Name:		Supervisor's phone:				
Description of Work Performed:						

No. of Employees Supervised:		Ending Salary:	\$	per		Hours worked per week:	
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Reason for Leaving:	
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5. Employer and location: _____

Job Title:		Date Employed:	From		To	
Supervisor's Name:		Supervisor's phone:				
Description of Work Performed:						

No. of Employees Supervised:		Ending Salary:	\$	per		Hours worked per week:	
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Reason for Leaving:	
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6. Employer and location: _____

Job Title:		Date Employed:	From		To	
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Supervisor's Name:		Supervisor's phone:	
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Description of Work Performed:	
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No. of Employees Supervised:		Ending Salary:	\$	per		Hours worked per week:	
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Reason for Leaving:	
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(If you need to provide more information, fill out a blank sheet in the above format and attach to this application.)

You must answer the following questions as part of your application:

- ☐ Yes ☐ No Do you have a financial interest in any vendor doing business or proposing to do business with the Oklahoma Lottery Commission?
- ☐ Yes ☐ No Have you been convicted of any felony or a misdemeanor involving illegal gambling or moral turpitude?
- ☐ Yes ☐ No Are you awaiting sentencing on a plea of guilt or nolo contendere to such a felony or misdemeanor?
- ☐ Yes ☐ No Have you ever been convicted of a felony? If "yes", please explain: _____

(Convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.)

I understand the following statutory provisions regarding employment with the Lottery Commission:

1. State employees (and applicants for OLC) must be tax compliant with the Oklahoma Tax Commission.
2. Employees of the Commission may not have a financial interest in any vendor doing business or proposing to do business with the Commission;
3. Employees of the Commission may not participate in any decision involving a retailer with whom the employee has a financial interest;
4. An employee of the Commission who leaves the employment of the Commission may not represent any vendor or lottery retailer before the Commission for a period of two (2) years following termination of employment with the Commission;
5. Lottery system vendors, applicants for a major procurement contract, lottery retailers and applicants to be a lottery retailer may not pay, give, or make any economic opportunity, gift, loan, gratuity, special discount, favor, hospitality, or service, to any employee of the Commission, or to any person related to any such person within the third degree of consanguinity or affinity;
6. No ticket or share shall be purchased by, and no prize shall be paid to any employee of the Commission, or to any spouse, child, brother, sister, or parent residing as a member of the same household in the principal place of residence of any such person.

OKLAHOMA LOTTERY COMMISSION

CERTIFICATION THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE AUTHORIZATION FOR BACKGROUND INVESTIGATION AND RELEASE OF LIABILITY

I certify that the information supplied in this application and in any other form, oral or written, is true and accurate. I hereby authorize the Oklahoma Lottery Commission (OLC) and/or the Office of State Finance (OSF) and/or the Oklahoma State Bureau of Investigation (OSBI) to verify the information I have provided in my employment application, in my oral statements and in any other documents or supplemental information I have provided to this agency for the purposes of employment. I authorize the OLC or its designee to conduct an investigation of my civil and criminal history, my financial credit history and to verify that I am compliant on my state taxes. 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 selected for employment, I agree to conform to the policies, rules and regulations of the Oklahoma Lottery Commission. With this application, I agree to the state's overtime pay policy, which allows giving compensatory time instead of cash payments under certain conditions. I understand that the position for which I am submitting this application serves at the pleasure of the Lottery Commission. I understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Lottery Commission, Board of Trustees or myself, subject to any employment contract provisions agreed to in writing by both parties. I understand that no representative of the agency, other than the Board of Trustees, or the Executive Director as may be authorized by the Board of Trustees, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand that any offer of employment is not official until I have received a written offer signed by the Lottery Director, the Director of Administration, the Director of Operations, or the Director of Sales and Marketing.

I realize that any criminal history may bar employment with the Oklahoma Lottery Commission. I further understand that nothing in my application is intended to imply or create an employment relationship or contract for employment. If I am currently employed by another Oklahoma State agency, I understand that the Lottery Commission policy is to accept up to 80 hours of accumulated annual leave on transfer from my current agency. The Lottery may accept up to 120 hours of transferred annual leave if I make a special request to do so. Compensatory leave balances are not transferable.

I hereby release from liability and hold harmless the State of Oklahoma, the Oklahoma Lottery Commission, the Board of Trustees, the Office of State Finance, the Oklahoma State Bureau of Investigation and their attorneys and employees, along with any corporation, firm, person, organization or individual providing information to those entities, from any and all claims, liabilities, loss, demands and causes of action known and unknown, fixed or contingent, equitable, legal, or administrative accrued to me as a result of such disclosure of information concerning me.

I understand that a copy of this document shall have the same legal significance as the original.

Signature Required

Date

STATISTICAL DATA

The Oklahoma Lottery Commission adheres to equal employment opportunity/affirmative action guidelines set forth by state and federal laws. This information is sought to assist us in complying with these guidelines and to provide statistical data to appropriate state and federal agencies. It will not be used in any way to discriminate against any applicant for employment.

(First)

(Middle)

(Last)

(Maiden or Previous Name)

Social Security #

Race

Gender

Date of Birth

Are you legally authorized to work in the United States? ☐ YES ☐ NO (Proof of employment eligibility will be required.)

THE OKLAHOMA LOTTERY COMMISSION IS AN EQUAL OPPORTUNITY EMPLOYER