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**OKLAHOMA DEPARTMENT OF LABOR**

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An equal opportunity employer  
**Application for Employment**

Please print or type all information on this form. Answer each question fully and accurately. If you need additional space, continue in section 19 or attach supplemental information identifying the section by question number for which you are inserting information. **Unsigned and undated applications cannot be processed.** Return this form to the office you obtained it from, unless otherwise instructed.

1. Last name	First name	Initial	Suffix
Social Security number	Mailing address		
City	State	Zip code	E-mail address
Home phone ( )	Business phone ( )		Extension
Finding address	City	State	Zip code

2. Are you legally allowed to work in the United States?  Yes  No  
 Work permit number: \_\_\_\_\_
3. Are you currently a resident of Oklahoma?  Yes  No
4. Are you applying for temporary work?  Yes  No
5. Have you ever pled guilty, no contest, or been found guilty of any offense other than minor traffic violations?  Yes  No  
 If yes, in section 19 provide additional information regarding date(s), location(s), type(s) of offense(s).
- Have you had a final protective order entered against you pursuant to the Oklahoma Protection from Domestic Abuse Act or a similar statute of another state?  Yes  No  
 If yes, in section 19 provide the name of the court and court number.
6. Have you been discharged or resigned in lieu of discharge from employment?  Yes  No  
 If yes, in section 19 provide all pertinent information relating to this termination.
7. If you have worked under another name(s) please list the full name(s) in section 19.
8. Date you will be available for employment: \_\_\_\_\_

9. Education:

Name of school or special training received	Location city and state	Month/ Year to-from	Graduate Yes / No	Major	Type of degree or diploma

**If the position for which you are applying requires college course work, please attach a copy of your transcript.** The transcript will become a permanent part of your records and will not be returned.

10. Special qualification:  Typing (WPM): \_\_\_\_\_  Manual sign language  
 Personal computer skills:  Beginner  Intermediate  Advanced  
 Bilingual skilled, indicate language other than English: \_\_\_\_\_

11. Software skills:  Excel  Access  Other (Specify): \_\_\_\_\_  
 Internet technologies:  Yes  No

12. Do you have a valid driver's license?  Yes  No License no: \_\_\_\_\_  
 Issuing state: \_\_\_\_\_ Expiration date: \_\_\_\_\_

13. Do you have access to transportation for job-related travel?  Yes  No

14. Specialized licenses/certification. Kind: \_\_\_\_\_  
 Year first received: \_\_\_\_\_ Year last received: \_\_\_\_\_  
 State or other licensing authority: \_\_\_\_\_

15. Employment history. List the last five years of your employment history or all work experience, whichever is greater, that relates to the position you are seeking.

**IMPORTANT.** Please list all periods of your employment history separately, **starting with your present employer.** If you have more than four separate periods of employment, attach a sheet of paper listing all employment information in the same outline form as below. Also, if you performed different jobs at one location, list each job as a separate period of employment. **Date and sign each attachment.**

May we contact your present employer?  Yes  No

Have you ever worked for the Oklahoma Department of Labor (ODOL)?  Yes  No

Have you ever worked for any other Oklahoma state agency?  Yes  No

If yes, list agency(s) and date(s): \_\_\_\_\_

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Employer's name		Title of position	
Address		Employment dates (mo./yr. to mo./yr.)	
Job duties: Be specific. Attach extra sheets, dated and signed, if necessary.		Average hours worked per week	
Reason for leaving		Beginning salary	Ending salary
Name of supervisor		Supervisor title and phone	
Did you supervise any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list number and general duties of employees.	
Employer's name		Title of position	
Address		Employment dates (mo./yr. to mo./yr.)	
Job duties: Be specific. Attach extra sheets, dated and signed, if necessary.		Average hours worked per week	
Reason for leaving		Beginning salary	Ending salary
Name of supervisor		Supervisor title and phone	
Did you supervise any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list number and general duties of employees.	
Employer's name		Title of position	
Address		Employment dates (mo./yr. to mo./yr.)	
Job duties: Be specific. Attach extra sheets, dated and signed, if necessary.		Average hours worked per week	
Reason for leaving		Beginning salary	Ending salary
Name of supervisor		Supervisor title and phone	
Did you supervise any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list number and general duties of employees.	
Employer's name		Title of position	
Address		Employment dates (mo./yr. to mo./yr.)	
Job duties: Be specific. Attach extra sheets, dated and signed, if necessary.		Average hours worked per week	
Reason for leaving		Beginning salary	Ending salary
Name of supervisor		Supervisor title and phone	
Did you supervise any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list number and general duties of employees.	

Employer's name		Title of position	
Address		Employment dates (mo./yr. to mo./yr.)	
Job duties: Be specific. Attach extra sheets, dated and signed, if necessary.		Average hours worked per week	
Reason for leaving		Beginning salary	Ending salary
Name of supervisor		Supervisor title and phone	
Did you supervise any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list number and general duties of employees.		

**16. Position.** Indicate the position for which you are applying.

Job classification: \_\_\_\_\_

I will accept this job under the following conditions. When both blocks in any category are left blank, NO will be assumed:

Full-time:  Yes  No    Temporary (Six months or less):  Yes  No  
 Part-time:  Yes  No    Frequent travel:  Yes  No  
 Shiftwork:  Yes  No

Some jobs require employees to be on-call on a regular, scheduled basis. Please indicate whether you will accept an appointment with on-call requirements.  Yes  No

ODOL policy does not prohibit employment of relatives; although relatives may not work together in the same division within the Agency. Therefore, please list the names of your relatives, first cousins, or nearer, by blood, adoption and/or marriage, now employed by ODOL.

Name	Relationship	Location of employment
Name	Relationship	Location of employment
Name	Relationship	Location of employment
Name	Relationship	Location of employment

**17. How did you learn about employment with ODOL?**

18. Job-related references. List name, address, and telephone number:

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19. Use this space for any additional information, comments, or explanations you may have that are relative to your application. If you are providing additional information for a certain section on this form, please list that section and question number. Attach additional sheets, signed and dated, if needed.

Please read the following information carefully and sign and date below.

**Accuracy of information:** I have reviewed and made sure all sections are correct and complete. I understand that my eligibility for employment will be based on the information I have given on this application.

**Falsification of information:** I certify that all statements made on this application are true and correct. I understand that any false statement made by me may cause me to be ineligible for employment or subject to termination from employment. I also understand that Section 365(B) of Title 21 of the Oklahoma Statutes prohibits applicants for state employment from making a materially false, fictitious, or fraudulent statement or representation on an employment application, knowing such statement or representation to be materially false, fictitious, or fraudulent. Violation is a criminal offence, punishable by fine and/or imprisonment.

**Verification of information:** I authorize ODOL to investigate and verify the facts claimed by me on this application. I also authorize my former employers and job-related references to provide any information requested by ODOL.

Return this application to the address listed on the front of this form. **Unsigned and undated applications will not be processed.**

Effective July 1, 2007, some applicants for employment with ODOL receiving a conditional offer of employment must pass an alcohol and drug test pursuant to the alcohol and drug testing policy of ODOL.

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Signature \_\_\_\_\_ Date \_\_\_\_\_