



Office of Personnel Management
Jim Thorpe Memorial Office Building, B-22
2101 North Lincoln Boulevard
Oklahoma City, OK 73105
Phone: 405-521-2171 Fax: 405-521-6308

Applicant Identification Number

First 3 letters of
Last Name at Birth

Last 4 digits of Social
Security Number

Month of Birth

Day of Birth

APPLICATION FOR EMPLOYMENT

Recruitment Number

 - -

Disclosure of your Social Security Number is voluntary. It will be used for identification purposes only to ensure that proper records are maintained.

Social Security Number

 - -

Title of Position

Last Name

First Name

MI

Mailing Address (please include apt.#)

City

State

Zip

Country

Use the County List (on page 2) to enter your County of residence:

County

Day Phone Number

 - -

Ext.

OK to leave msg? Yes No

Night Phone Number

 - -

OK to leave msg? Yes No

Alternate Phone Number

 - -

Ext.

OK to leave msg? Yes No

E-Mail Address (Optional) provide only if we may contact you primarily via e-mail. Please write clearly so that we can tell the difference between letters and numbers, e.g., "O" and "0" (zero); "l" or "L" and 1 (one)

For Office of Personnel Management Use Only

Date Received

 / /

Received By

Number of Pages (not blank)



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Counties in which I will consider employment (up to 5 counties): Make sure to include your resident county.

Use the County List (on page 2) to enter your choices.

Location 1 Location 2 Location 3 Location 4 Location 5

Are you a current State of Oklahoma employee?

Yes No If "Yes" complete the following:

Job Title

Agency

Bilingual Ability. Please list languages (other than English) in which you are fluent.

Speak Fluently Speak/Read/Write N/A

Speak Fluently Speak/Read/Write N/A

Are you claiming Veteran's Preference? Yes No If "Yes" complete the following:

Has the veteran been a resident of Oklahoma for at least one year? Yes No

Indicate the type of preference you are claiming and submitting documentation for:

- 5 pts. preference
- 10 pts. preference
- 10 pts. preference and top of list
- 5 pts. preference for spouse of veteran certified as unemployable
- 5 pts. preference for unremarried surviving spouse
- No Points

To claim Veteran's preference completed forms and required documents must be submitted to OPM by mail at Jim Thorpe Memorial Office Building, Room B-22, 2101 N. Lincoln Blvd., Oklahoma City, OK 73105 or by fax at (405) 521-6308.

OPTIONAL:

This information may be used for database searches.

Major Subject of Education

Major Area of Employment Experience

Years of Employment in Major Area



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Education, Licenses and Training: You may wish to review the job requirements section of the Bulletin. Please read the Minimum Qualifications for this job carefully. If specific education, certification, licensure or training is required, that information must be provided below or you may be disqualified from further consideration. Attach additional sheets if you need more space to describe licenses or schooling.

Do you have any current occupational and professional licenses and certificates?: Yes No

Title _____	Issuing Agency _____
Date Issued _____	Expiration Date _____ ID# _____
Title _____	Issuing Agency _____
Date Issued _____	Expiration Date _____ ID# _____

Name and Address of College, University, Vocational School or Institute	Major/Minor Course of Study	Dates of Attendance	Certificate/Degree Obtained or expected	Completed/ # units earned
			<input type="radio"/> Associates <input type="radio"/> Masters <input type="radio"/> Bachelors <input type="radio"/> Ph.D. <input type="radio"/> Other <input type="radio"/> Certificate	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Associates <input type="radio"/> Masters <input type="radio"/> Bachelors <input type="radio"/> Ph.D. <input type="radio"/> Other <input type="radio"/> Certificate	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Associates <input type="radio"/> Masters <input type="radio"/> Bachelors <input type="radio"/> Ph.D. <input type="radio"/> Other <input type="radio"/> Certificate	<input type="radio"/> Yes <input type="radio"/> No

Use this space to list other courses, training or education that you believe is relevant to the job you are applying for. You may also use this space to explain information you provided above.

Position Applied for: _____ Applicant Name _____

EMPLOYMENT HISTORY

YOU MUST COMPLETE THIS SECTION. Begin with your most recent experience, starting with your current job. Be sure to include all experience, regardless of dates, which demonstrates that you meet the minimum requirements as shown on the announcement for the position. Attach additional sheets if you need more space to describe duties or list former employers. Describe your duties as completely as possible. Incomplete information may cause a delay in processing your application. If you supervise(d) employees, include the number of employees you supervise(d). If you held more than one position with the same employer, list each separately.

Employer: _____ Dates Employed: From / / To / /
Mo. Day Year Mo. Day Year

(If you do not know the exact date, enter 01 for the "Day" portion of the date.)

Address: _____
Street Name City State Zip

Hours Worked Per Week: _____ Number of employees you supervised: _____

Your Job Title: _____ Your Supervisor's Name: _____

Duties Performed: _____

Reason For Leaving: _____

Last Salary: \$ _____ Per _____ Equipment Used: _____

Employer: _____ Dates Employed: From / / To / /
Mo. Day Year Mo. Day Year

(If you do not know the exact date, enter 01 for the "Day" portion of the date.)

Address: _____
Street Name City State Zip

Hours Worked Per Week: _____ Number of employees you supervised: _____

Your Job Title: _____ Your Supervisor's Name: _____

Duties Performed: _____

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