

EMPLOYMENT APPLICATION

PERSONAL INFORMATION:

APPLICANT'S NAME: _____ DATE: _____
STREET ADDRESS: _____ CITY/STATE/ZIP: _____
PHONE NUMBER: _____ E-MAIL: _____

EMPLOYMENT ELIGIBILITY:

Are you currently employed? ___ YES ___ NO Date available for employment: _____
Are you 18 years of age or older? ___ YES ___ NO

EDUCATION:

High School Graduate or equivalent (GED)? ___ YES ___ NO
College? ___ YES ___ NO Graduate? ___ YES ___ NO if yes, degree: _____
If you have received your degree or have any licenses or certifications, please provide documentation to Employer.

LIST THREE PERSONAL REFERENCES:

(Name)	(Address)	(Phone Number)
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST PREVIOUS JOBS YOU HAVE HAD (BEGINNING WITH MOST RECENT):

EMPLOYER'S NAME AND ADDRESS: _____
PHONE NUMBER: _____ DATES OF EMPLOYMENT: _____
REASON FOR LEAVING: _____

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BRIEFLY LIST REASONS YOU SHOULD BE CONSIDERED FOR THIS JOB:

APPLICANT ACKNOWLEDGEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if employer has employed me, no matter when discovered by employer.

I authorize this potential employer to investigate all statements contained in this application, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation, without giving me prior notice of such disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or this employer. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon this employer unless made in writing.

Signature: _____ Date: _____

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
<https://osbi.ok.gov/>

Type Of Search Requested:

- Name Based - \$15.00
- Sex Offender - \$2.00
- Mary Rippy Violent Offender - \$2.00
- State Fingerprint-based - \$19.00
* Must provide fingerprint card.
* Includes name based search.

DATE _____

Request Submitted via:

- Fax Mail In Person

**REQUESTS WILL BE RETURNED
IN THE MANNER RECEIVED.**

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:

ACCEPTABLE FORMS OF PAYMENT: CASH CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK *No Personal Checks Accepted.* CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____

Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink) *Results will only be returned to the original requestor*

REQUESTOR'S NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

PHONE NUMBER _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections made with white out or by striking through the fields in this section will not be processed.

NAME _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____
MAXIMUM OF THREE ALIAS NAMES PER REQUEST

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.