

**Employment Application**

Human Resource Development

Hodge Education Building, Room 111  
2500 North Lincoln Boulevard  
Oklahoma City, OK 73105-4599  
PHONE – (405) 521-3977  
FAX – (405) 522-1671  
EMAIL: [jobs@sde.ok.gov](mailto:jobs@sde.ok.gov)  
WEB SITE – <http://ok.gov/sde/jobs>



Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ May we contact you at work for interview purposes?  YES  NO

E-mail \_\_\_\_\_

**APPLICATION PROCEDURES:** Vacancies currently open for recruitment are posted in the Human Resources office and applications are accepted for those specific vacancies during the announced posting period. Please do not substitute a resume for this application (resumes may be attached as additional information only). For your convenience, please remember to keep a copy of your application. It will save you time and effort in submitting additional applications (copies are acceptable).

Position sought: \_\_\_\_\_

Location: \_\_\_\_\_

Are you willing and able, with or without accommodation, to perform necessary job-related travel?  YES  NO

Date available for employment: \_\_\_\_\_

Have you used a computer in the workplace?  YES  NO For personal use?  YES  NO

If so, what kind of computers/software have you used? \_\_\_\_\_

Would you consider yourself to be computer-literate?  YES  NO Typing skill: \_\_\_\_\_ WPM

List special skills including business machines/office equipment operation: \_\_\_\_\_

**HRD USE ONLY:** \_\_\_\_\_

**EDUCATION: Include high school, vocational school and college. Verification of all levels of education is required. Official transcripts are required, however, to meet application deadline, copies are acceptable.**

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

List curriculum areas in which you hold valid Oklahoma certification:

\_\_\_\_\_

\_\_\_\_\_

List any professional or occupational license or registration: \_\_\_\_\_

\_\_\_\_\_

Have you ever worked for the State Department of Education?  YES  NO

**EXPERIENCE:** PLEASE LIST DIFFERENT POSITIONS WITH EACH EMPLOYER AS SEPARATE PERIODS OF EMPLOYMENT.

1. **Present** employer:

\_\_\_\_\_ Location: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed since: \_\_\_\_\_

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: \_\_\_\_\_ Present Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for wanting to leave: \_\_\_\_\_

2. Employer and location:

\_\_\_\_\_ Job Title: \_\_\_\_\_

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Supervisor's Name Supervisor's Phone No. Dates Employed: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Description of work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. of employees supervised: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for wanting to leave: \_\_\_\_\_

3. Employer and location:

\_\_\_\_\_ Job Title: \_\_\_\_\_

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Supervisor's Name Supervisor's Phone No. Dates Employed: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Description of work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. of employees supervised: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for wanting to leave: \_\_\_\_\_

4. Employer and location:

\_\_\_\_\_ Job Title: \_\_\_\_\_

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Supervisor's Name Supervisor's Phone No. Dates Employed: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Description of work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. of employees supervised: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for wanting to leave: \_\_\_\_\_

5. Employer and location:

\_\_\_\_\_ Job Title: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name ( ) \_\_\_\_\_ Supervisor's Phone No. Dates Employed: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of employees supervised: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for wanting to leave: \_\_\_\_\_

6. Employer and location:

\_\_\_\_\_ Job Title: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name ( ) \_\_\_\_\_ Supervisor's Phone No. Dates Employed: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of employees supervised: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for wanting to leave: \_\_\_\_\_

(If you have more than six separate periods of employment, fill out a blank sheet in the above format, sign and attach to this application.)

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 State Department of Education 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 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. I hereby release from liability and hold harmless the Oklahoma State Department of Education and its employees, along with any organization or individual providing information to the Oklahoma State Department of Education, from any and all causes of action accrued to me as a result of such disclosure of information concerning me.

I understand that the position for which I am submitting this application is unclassified. The applicant selected for any unclassified position will serve at the will of the State Superintendent of Public Instruction. If selected for employment, I agree to conform to the policies, rules and regulations of the State Department of Education, and understand my employment and compensation can be terminated, with or without notice, at any time, at the option of either the State Department of Education or myself. I understand that no representative of the agency, other than the State Superintendent or designee, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature Required	Date
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**THE OKLAHOMA STATE DEPARTMENT OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER**

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Civil Rights compliance inquiries related to the OSDE may be directed to the Affirmative Action Officer, Room 111, 2500 North Lincoln Boulevard, Oklahoma City, Oklahoma 73105-4599, telephone number (405) 522-3319; or, the United States Department of Education's Assistant Secretary for Civil Rights. Inquiries or concerns regarding compliance with Title IX by local school districts should be presented to the local school district Title IX Coordinator.

# AUTHORIZATION FOR BACKGROUND INVESTIGATION AND RELEASE OF LIABILITY



I hereby authorize the Oklahoma State Department of Education 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. This shall include the authorization to conduct any and all personal background checks, including but not limited to, criminal history and related records, education and employment background and records, civilian and military court records and/or proceedings.

I certify that all information I have supplied to the State Department of Education in my application and in any other form, oral or written, is true and accurate. 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.

I realize that any criminal history may bar employment with the Oklahoma State Department of Education. I further understand that nothing in my application is intended to imply or create an employment relationship or contract for employment.

I hereby release from liability and hold harmless the Oklahoma State Department of Education and its employees, along with any organization or individual providing information to the Oklahoma State Department of Education, from any and all causes of action 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

\_\_\_\_\_  
Date

## STATISTICAL DATA

The State Department of Education 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.

Print Name

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(Maiden or Previous Names)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Race

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Date of Birth

Are you legally authorized to work in the United States?  YES  NO

Have you ever been convicted of a felony?  YES  NO

If YES, please explain: \_\_\_\_\_

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