



OKLAHOMA STATE BUREAU OF INVESTIGATION

6600 North Harvey Place
Oklahoma City, OK 73116
PH: (405) 848-6724
FAX: (405) 842-0675

PRE-EMPLOYMENT APPLICATION

I. APPLICANT IDENTIFICATION

DATE _____

Last Name _____ First Name _____ Middle Name _____

Home Address (Number/Street) _____ City _____ State _____ Zip Code _____

Email Address _____

Day Telephone _____ Evening Telephone _____ Mobile _____

Social Security Number

(The Social Security Number will be used for identification purposes to ensure proper records are obtained.)

1. Are you at least eighteen (18) years old? YES NO

2. If applying for a commissioned law enforcement position, are you at least twenty-one (21) years of age? YES NO

3. Have you ever applied for any position with OSBI before? YES NO

If you answered "yes", please indicate the POSITION you applied for: _____

Date(s) of previous application: _____

Outcome of previous application: _____

Beginning with your present job or your current period of unemployment, **list ALL employment, including part-time, military, temporary, seasonal, self-employment and volunteer work** *[include employers who may no longer be in business, employment that does not directly relate to the position for which you are applying, employment while in school, etc. OMIT NOTHING]*. **Include all employers back to 18 years of age.** If you have intervening periods of unemployment, list those period in sequence in the spaces provided. This application provides space for six (6) instances of employment. If you have more than 6 present and previous instances of employment, **make sufficient copies of page 4 to list all employment.**

Each applicant's employment/unemployment history must be complete. **Applicants who have not provided a complete, chronological employment/unemployment history will have failed to submit an application correctly and will be disqualified from competing.**

The OSBI is an Equal Opportunity Employer.

II. WORK HISTORY

Dates of Employment From (Mo/Yr) _____ To (Mo/Yr) _____ Full-Time Part-Time

Average Hours Per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Name of Employer _____

Employer Address _____
Number/Street *City/State* *Zip Code*

Employer's Telephone _____ Your Title While Employed: _____

Description of Your Duties

Name at least two individuals who supervised or evaluated your work performance: _____

_____ #of Persons You Supervised: _____

Name(s) of Co-workers(s): _____

Reason for Leaving: _____

Not Employed: From (Mo/Yr) _____ To (Mo/Yr) _____

Dates of Employment From (Mo/Yr) _____ To (Mo/Yr) _____ Full-Time Part-Time

Average Hours Per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Name of Employer _____

Employer Address _____
Number/Street *City/State* *Zip Code*

Employer's Telephone _____ Your Title While Employed: _____

Description of Your Duties

Name at least two individuals who supervised or evaluated your work performance: _____

_____ #of Persons You Supervised: _____

Name(s) of Co-workers(s): _____

Reason for Leaving: _____

Not Employed: From (Mo/Yr) _____ To (Mo/Yr) _____

The OSBI is an Equal Opportunity Employer.

II. WORK HISTORY, CONTINUED

Dates of Employment From (Mo/Yr) _____ To (Mo/Yr) _____ Full-Time Part-Time

Average Hours Per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Name of Employer _____

Employer Address _____
Number/Street *City/State* *Zip Code*

Employer's Telephone _____ Your Title While Employed: _____

Description of Your Duties

Name at least two individuals who supervised or evaluated your work performance: _____

_____ #of Persons You Supervised: _____

Name(s) of Co-workers(s): _____

Reason for Leaving: _____

Not Employed: From (Mo/Yr) _____ To (Mo/Yr) _____

Dates of Employment From (Mo/Yr) _____ To (Mo/Yr) _____ Full-Time Part-Time

Average Hours Per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Name of Employer _____

Employer Address _____
Number/Street *City/State* *Zip Code*

Employer's Telephone _____ Your Title While Employed: _____

Description of Your Duties

Name at least two individuals who supervised or evaluated your work performance: _____

_____ #of Persons You Supervised: _____

Name(s) of Co-workers(s): _____

Reason for Leaving: _____

Not Employed: From (Mo/Yr) _____ To (Mo/Yr) _____

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II. WORK HISTORY, CONTINUED

Dates of Employment From (Mo/Yr) _____ To (Mo/Yr) _____ Full-Time Part-Time

Average Hours Per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Name of Employer _____

Employer Address _____
Number/Street *City/State* *Zip Code*

Employer's Telephone _____ Your Title While Employed: _____

Description of Your Duties

Name at least two individuals who supervised or evaluated your work performance: _____

_____ #of Persons You Supervised: _____

Name(s) of Co-workers(s): _____

Reason for Leaving: _____

Not Employed: From (Mo/Yr) _____ To (Mo/Yr) _____

Dates of Employment From (Mo/Yr) _____ To (Mo/Yr) _____ Full-Time Part-Time

Average Hours Per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Name of Employer _____

Employer Address _____
Number/Street *City/State* *Zip Code*

Employer's Telephone _____ Your Title While Employed: _____

Description of Your Duties

Name at least two individuals who supervised or evaluated your work performance: _____

_____ #of Persons You Supervised: _____

Name(s) of Co-workers(s): _____

Reason for Leaving: _____

Not Employed: From (Mo/Yr) _____ To (Mo/Yr) _____

IF ADDITIONAL WORK HISTORY EXISTS, ATTACH EXTRA COPIES OF THIS PAGE.

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II. WORK HISTORY, CONTINUED

1. Have you ever been fired or asked to resign? YES NO

If "yes", give details (include name of employer):

2. Have you ever been disciplined in any of your employment? YES NO

If "yes", explain (include name of employer):

3. Would any problem result if your present employer were contacted during the course of the background investigation?

YES NO

If "yes", when should such contact be made? _____

NOTE: No final offer of employment will be made without contacting your current employer.

III. MOTOR VEHICLE LICENSE INFORMATION

1. Are you a licensed driver? YES NO

If "yes" provide the following information.

Driver License Number _____ State of Issue _____

Driver License Type _____ Expiration Date _____

Restrictions _____

2. List any other states in which you have been licensed to operate a motor vehicle.

3. Have you ever been refused a driver's license to operate a motor vehicle? YES NO

If "yes", please explain:

4. List **all** traffic citations (exclude parking violations) you have received within the last 7 years?

Nature of Violation

City/State

Approximate Date

Action Taken

5. Have you been involved as a driver in a motor vehicle accident within the past 7 years? YES NO

If "yes", give details (include what, when, where, why)

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IV. EDUCATIONAL HISTORY

1. High School Attended _____ Graduated YES NO
City and State _____ Dates Attended _____
-
2. College or University Attended _____
City and State _____ Dates Attended _____
College Hours Completed _____ Major/Minor _____
Degree, if any, and date _____ GPA _____
-
- * College or University Attended _____
City and State _____ Dates Attended _____
College Hours Completed _____ Major/Minor _____
Degree, if any, and date _____ GPA _____
-
- * College or University Attended _____
City and State _____ Dates Attended _____
College Hours Completed _____ Major/Minor _____
Degree, if any, and date _____ GPA _____
-
- * College or University Attended _____
City and State _____ Dates Attended _____
College Hours Completed _____ Major/Minor _____
Degree, if any, and date _____ GPA _____

IF ADDITIONAL COLLEGE/UNIVERSITY HISTORY EXISTS, ATTACH ADDITIONAL COPIES OF THIS PAGE.

3. List any other schools attended (*trade, vocational, business, etc.*). Give name and address of school, dates, attended, course of study, certificate, and any other pertinent information:
4. Where you ever suspended or expelled while attending school? YES NO
If "yes", please give details.
5. List any other special skills or qualifications you may possess.
6. Are you a CLEET certified peace officer or possess a peace officer certification from another state? YES NO
If "yes", please provide your certification number and the issuing state below.
Certification Number _____ **Issuing State** _____

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V. FRIENDS, ACQUAINTANCES, OR FAMILY MEMBERS EMPLOYED BY THE OSBI

<u>Complete Name</u>	<u>Location</u>	<u>Length of Acquaintance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. MISCELLANEOUS

1. Other than incidents resulting in sealed juvenile records, have you ever been arrested or convicted of a felony crime, serious misdemeanor, or crime involving moral turpitude? YES NO
If “yes”, describe in detail.

NOTE: Confidentiality requirements do not apply to juveniles who were tried as adults or as Youthful Offenders. 10 O.S. 7303-4.3, 7306-1.1, 7306-2.2 and 7306-2.6A set the parameters for juveniles who are treated as adults or Youthful Offenders. Generally, a juvenile or Youthful Offender is treated as an adult when they have committed murder; kidnapping; robbery with a dangerous weapon; robbery in the first degree if personal injury results; rape in the first degree; rape by instrumentation; use of firearm or other offensive weapon while committing a felony; arson in the first degree; burglary with explosives; burglary in the first or second degree after three or more adjudications for committing burglary in the first or second degree; shooting with intent to kill; discharging a firearm; crossbow or other weapon from a vehicle; intimidating a witness; manslaughter in the first degree; sodomy; trafficking in illegal drugs; manufacturing, distributing, dispensing or possessing with intent to manufacture, distribute or dispense a controlled dangerous substance, or assault and battery with a deadly weapon. (10 O.S. 7306-1.1) Consequently, criminal records regarding these crimes are not confidential, and these records must be listed above.

2. Other than crimes that would have been sealed in juvenile records, have you ever committed a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unsolved? YES NO
If “yes” describe in detail, including nature, dates, and duration of illegal activity. Describe any illegal use of controlled dangerous substances by explaining the type of drug used, how many times you used it, and over what period of time (years) the use occurred (including your age at the first time used).

NOTE: Confidentiality requirements do not apply in this instance to undetected or unsolved crimes when a juvenile would have been treated as an adult or Youthful Offender (see comments on Question 1 in this part).

Undetected crimes include any illegal use of controlled dangerous substances. Failure to reveal illegal drug use at this time may be grounds for disqualification.

3. Are you a U.S. citizen or, if you are not a U.S. citizen, are you approved to work in the United States? YES NO
NOTE: Proof of eligibility will be required before you can be employed.
4. Earliest date you are available for employment: _____

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VII. AFFIRMATION

I hereby authorize the Oklahoma State Bureau of Investigation to verify the information I have provided in this employment application, in my oral statements and in any other documents or supplemental information I have provided to the OSBI for the purposes of employment. I release the OSBI and any employee acting on its behalf from any and all causes of action that may accrue to me as a result of said verification and disclosure of records.

I certify that all information I have supplied to the OSBI in this 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.

If successful in my application, I understand I may be offered employment conditional upon the satisfactory completion of a thorough background investigation, polygraph examination, and/or drug screen, and/or psychological evaluation. If offered employment with the OSBI, I agree to participate in this process. I understand that refusal to participate in any part of the background investigation process may result in my disqualification from consideration for employment or withdrawal of employment offer if one has been made.

I understand that nothing in this application is intended to imply or create an employment relationship or contract of employment.

Signature of Applicant

Date of Signature

State of _____

County of _____

Subscribed and sworn before me on this _____ day of _____, _____.

Signature of Notary Public

My Commission Expires

[SEAL]

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OKLAHOMA STATE BUREAU OF INVESTIGATION

6600 North Harvey Place
Oklahoma City, OK 73116-7910
PH: (405) 848-6724
FAX: (405) 842-0675

Post-Offer Pre-Employment Questionnaire

I. APPLICANT IDENTIFICATION

DATE _____

Last Name _____ First Name _____ Middle Name _____

Home Address (Number/Street) _____ City _____ State _____ ZIP Code _____

Mailing Address (If Different) _____ City _____ State _____ ZIP Code _____

Day Telephone _____ Evening Telephone _____ Mobile _____

(The information requested below will be used for identification purposes to ensure that proper records are obtained.)

Social Security Number _____ Date of Birth _____ Ethnicity _____ M _____ F _____

Place of Birth | City _____ County _____ State _____ Country _____

All other names you have ever had or used, i.e., nicknames, maiden name, previous married names, etc.

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

The OSBI is an Equal Opportunity Employer.

III. REFERENCES

Provide the names of three people not related to you, and not current or former employers, who have known you for at least five (5) years. All people to whom you refer may be asked to appraise your character, honesty, integrity, qualifications, experience, personality, activities, and other qualities.

1.	Ref.1 Last Name	Ref.1 First Name	Ref.1 Middle Name	
Ref.1 Home Address		Ref.1 City	Ref.1 State	Ref.1 Zip Code
Ref.1 Home Phone		Ref.1 Mobile	Ref.1 Years Known	
Ref.1 Business, Occupation, or Profession		Ref.1 Name of Business/Employer		Ref.1 Business Telephone
Ref.1 Business Address		Ref.1 Business City	Ref.1 Business State	Ref.1 Business Zip Code

2.	Ref.2 Last Name	Ref.2 First Name	Ref.2 Middle Name	
Ref.2 Home Address		Ref.2 City	Ref.2 State	Ref.2 Zip Code
Ref.2 Home Phone		Ref.2 Mobile	Ref.2 Years Known	
Ref.2 Business, Occupation, or Profession		Ref.2 Name of Business/Employer		Ref.2 Business Telephone
Ref.2 Business Address		Ref.2 Business City	Ref.2 Business State	Ref.2 Business Zip Code

3.	Ref.3 Last Name	Ref.3 First Name	Ref.3 Middle Name	
Ref.3 Home Address		Ref.3 City	Ref.3 State	Ref.3 Zip Code
Ref.3 Home Phone		Ref.3 Mobile	Ref.3 Years Known	
Ref.3 Business, Occupation, or Profession		Ref.3 Name of Business/Employer		Ref.3 Business Telephone
Ref.3 Business Address		Ref.3 Business City	Ref.3 Business State	Ref.3 Business Zip Code

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IV. TAX INFORMATION

1. Have you filed timely state and federal tax returns for the last three (3) years? YES NO

Under what name or names where your returns filed?

1. 2.

3. 4.

2. Have you ever been delinquent on income or other tax payments? YES NO

If yes, give exact details:

V. FRIENDS, ACQUAINTANCES, OR FAMILY MEMBERS CURRENTLY OR PREVIOUSLY EMPLOYED BY THE OSBI

1. 2.

3. 4.

5. 6.

VI. AFFIRMATION

I hereby request and authorize the Oklahoma State Bureau of Investigation (OSBI) to conduct a background investigation for the purpose of verifying my probationary employment with the OSBI. I understand the background investigation will include:

- * Investigation and verification of the information I have provided orally and in writing during the pre-employment and post-employment process,
- * Polygraph examinations, and
- * Psychological evaluation (commissioned positions).

I understand that the offer of employment made to me by the OSBI is contingent upon the success of my employment background investigation. I agree the OSBI will determine whether or not the report of my employment background investigation is acceptable. I understand that should the OSBI determine my background investigation report is not acceptable, the offer of my employment will be withdrawn.

If hired into a **classified probationary** position, I understand I must satisfactorily complete the probationary period and any required extensions of probationary time before I will attain a classified status in my employment with the OSBI. I understand and agree that should the OSBI determine my job performance is unsatisfactory, I will be dismissed from employment with the OSBI.

If hired into an **unclassified, non-merit** position, I understand that an offer and my acceptance of employment is not a contract of employment for a specified term. I understand and agree that I may resign my employment with the OSBI at any time for any reason, and that my employment may be terminated at the will of the OSBI at any time for any reason. I also understand that any handbook, manual, policy, directive, or other such documents maintained by the OSBI are not contractual in nature and may be amended or abolished at the sole discretion of the OSBI at any time.

I certify that all information I have supplied to the OSBI in this questionnaire and in any other form, oral or written, is true, complete, and accurate. I understand and agree that any misstated, misleading, incomplete, or false information is grounds for withdrawal of my offer of employment or for my immediate discharge if employment has already commenced, whenever and however discovered.

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VI. AFFIRMATION, CONTINUATION

I understand and agree that the OSBI and any employee acting on its behalf, can and will seek information about me for the purpose of completing my background investigation.

I understand and agree that individuals, organizations, or employees acting on behalf of said organizations can and will disclose any and all information about me that said individual or organization might have.

I specifically authorize said disclosure of information to the OSBI, and I agree to hold harmless the OSBI and any employee acting on its behalf as a result of any and all damages accruing to me as a result of my employment background investigation.

I agree to hold harmless any and all organizations and individuals providing information about me to the OSBI. That is, I will not file a lawsuit, claim, or charge against them for providing documents or disclosing information about me to the OSBI. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

As an employee of the OSBI, I agree to follow the policies and directives of the Bureau and to conduct myself in an ethical and legal manner. I understand the policies and directives of the OSBI may be changed or withdrawn at any time during my employment, without prior notice.

Signature of Applicant _____
Date of Signature

State of _____

County of _____

Subscribed and sworn before me on this _____ day of _____, _____.

Signature of Notary Public _____
My Commission Expires [SEAL]

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OSBI DRUG QUESTIONNAIRE

In accordance with Title 74 O.S. § 150.8 and the Oklahoma Drug-free Workplace Act, the OSBI screens its applicants for a history of illegal drug use. The OSBI is charged with enforcement of all laws of the State of Oklahoma and provides the drug analysis laboratories for all Oklahoma law enforcement agencies. Therefore, illegal drug use by OSBI employees would be unacceptable. To be considered for employment with OSBI, it is mandatory that applicants being considered complete this form prior to the interview. Noncompliance with this requirement may result in non-consideration for employment. This questionnaire will be disclosed only to the appropriate OSBI officials with a need to know or as required by law.

APPLICANT NAME _____ **SOCIAL SECURITY NUMBER** _____
 (Please Print)

Please indicate whether you are currently using and the date, if any, on which you last used any of the following substances. **Other than Marihuana, do not include instances in which the substance was prescribed, administered, or dispensed to you by a licensed physician in compliance with the law for treatment of an actual medical condition from which you suffer(ed) at the time of dispensation.**

SUBSTANCE	CHECK (✓) IF NEVER TRIED/USED	ARE YOU CURRENTLY USING THIS SUBSTANCE?		DATE YOU FIRST USED/TRIED THIS SUBSTANCE?	DATE YOU LAST USED/TRIED THIS SUBSTANCE?	TOTAL# OF TIMES USED
		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
MARIHUANA	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
HASHISH/HASH OIL	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
COCAINE/CRACK	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
PCP	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
HEROIN	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
OPIUM	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Including Derivatives: Hydrocodone (Vicodin, Lorcet, Tussionex) Hydromorphone (Dilaudid) Oxycodone (Percocet, Percodan)	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
LSD	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
AMPHETAMINE/METHAMPHETAMINE (Circle the substance used)	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
LIST ANY OTHER CONTROLLED SUBSTANCE(S) _____	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

I certify that the information provided above is correct and complete. I understand any offer of employment is made based upon the information provided in the Pre-Employment Application, during any interview with any OSBI representative, and on this drug questionnaire. Any misstatement of fact or omission of information may subject me to disqualification for further consideration in the hiring process or to withdrawal of offer if one has been made.

 Signature of Applicant _____
 Date of Signature

State of Oklahoma
 County of _____ Subscribed and sworn before me on this _____ day of _____, _____.

 Signature of Notary Public My Commission Expires [SEAL]

**RELEASE OF LIABILITY AND AUTHORIZATION FOR A BACKGROUND INVESTIGATION
CONDUCTED BY THE OKLAHOMA STATE BUREAU OF INVESTIGATION**

I, _____, _____
APPLICANT NAME (Please Print) DATE OF BIRTH

SOCIAL SECURITY NUMBER: _____ (the Social Security Number will be used for identification Purposes to ensure that proper records are obtained), authorize and request the Oklahoma State Bureau of Investigation to conduct a thorough and complete background investigation concerning me. I hereby grant the Oklahoma State Bureau of Investigation full access to all my past and present educational records, tax records, employment records, driver's license records, birth records, court records reflecting name changes, and unemployment benefit information.

The following records or their equivalency maintained by my former employers may be provided to the Oklahoma State Bureau of Investigation in the conduct of their investigation.

- Personnel action forms & supporting documents
- Employment applications and related documents
- In-processing/out-processing forms
- Letters of commendation (internal and external)
- Internal Investigations
- Discipline records (both proposed and actual) and supporting documentation
- Grievances or complaints filed by me or against me
- Safety records
- Employee personal information (e.g., address changes, emergency contacts, etc.)
- Background investigation files, to include, if any, polygraph, drug screens, MMPI, CPI or other psychological evaluations required by law for appointment as commissioned law enforcement officers (exclusive of medical or psychological records resulting from medical or psychological treatment), skills tests, etc.
- Performance evaluations
- Time and leave records
- Payroll records
- Training records

I further consent to employees or representatives of the Oklahoma State Bureau of Investigation interviewing my family, friends, associates, references, employers, and any other person the Oklahoma State Bureau of Investigation deems necessary in order to complete the investigation.

I hereby release from liability and hold harmless the Oklahoma State Bureau of Investigation and its employees, along with any organization of individual providing the information to the Oklahoma State Bureau of Investigation, 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 of Applicant Date of Signature

State of _____

County of _____

Subscribed and sworn before me on this _____ day of _____, _____.

Signature of Notary Public My Commission Expires [SEAL]