



**STATE OF OKLAHOMA
OKLAHOMA INDIGENT DEFENSE SYSTEM
EMPLOYMENT APPLICATION**

Please Return Application to :
ANGIE L. COLE, PERSONNEL OFFICER
P.O. Box 926, Norman, OK 73070
(405) 801-2601 Phone (405) 801-2649 Fax
Oklahoma Indigent Defense Website: <http://www.state.ok.us/~oids/>

PLEASE PRINT CLEARLY

Social Security Number: _____ Date of Application: _____

Name: _____
Last First Middle Initial

Mailing Address: _____
Street Address, Apt # City State Zip Code

Day Telephone: _____ Evening Telephone: _____
(Include area code) (Include area code)

Indicate the conditions under which you will accept employment
(Yes or No - If blank YES is assumed)

Full-time _____ Part-time _____

Travel _____ *(Travel may include regular overnight or across state assignments)*

Position Desired: _____

Are you at least 21 years of age? _____
(Yes or No) (Will be used only where age is an approved, bonafide job requirement.)

Have you ever been convicted of a felony? Yes _____ No _____

EDUCATIONAL BACKGROUND

Are you a high school graduate or have you passed a general education development (GED) test?
Yes _____ No _____ *(Will only be used as required by statute, law or bonafide job requirement)*

OIDS is an Equal Opportunity Employer

List colleges, universities or professional schools attended. If more space is needed, attach additional copies of this page. *(Transcripts may be required)*

School Name Location	From Month/Year	To Month/Year	Major/Minor or Course of Study	Hours Completed	Degree	Date Completed

List any other job-related training or coursework:
(vocational, trade, governmental, business, Armed Forces, etc.)

School Name Location	From Month/Year	To Month/Year	Course of Study	Hours Completed	Date Completed

List job-related licensure, registration or certification

License, Registration or Certification	Number	Date Received	Expiration Date	Licensing Agency or Board

EMPLOYMENT HISTORY

Please attach a Resume which details your employment history. In the absence of submission of a Resume containing your employment history, you must fill out Attachment "A".

STATEMENT OF CERTIFICATION

STATEMENT OF CERTIFICATION By signing this application I certify that the facts contained in this application packet are true and complete to the best of my knowledge. I understand that if I become employed, falsified statements on this application may be grounds for dismissal and/or removal from consideration for eligibility for other state employment or employment examinations. I authorize investigation of all statements and information contained herein. Specifically, I authorize the State of Oklahoma to make all necessary and appropriate investigations allowable by law to verify the information provided. I understand that if I am hired I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the IRCA of 1986.

Your Signature

Date

OIDS is an Equal Opportunity Employer

Name: _____ Social Security Number: _____

ATTACHMENT "A"
Employment History

If no Resume containing your employment history will be submitted with your application, you must complete this attachment. You may provide additional attachments as necessary.

Describe your work experience in detail, beginning with your current or most recent job. Include military service (*indicate rank*) and volunteer work. List each promotion or transfer as a separate job, even if they were with the same employer. If needed, attach additional copies of this page. All information in this section must be completed. **You may attach Resume including employment history.** Employers and supervisors may be contacted regarding your work experience.

Employer's Name and Address: _____

Exact Title of Your Position: _____

From (Month/Year): _____ To (Month/Year): _____ Average Hours Per Week _____

Duties (Be specific -attach extra signed and dated sheets, if necessary):

Approximate Ending Salary: _____

Supervisor's Name and Title: _____

Number and Occupation of Employees you Supervised:

Reason for Leaving: _____

Employer's Name and Address: _____

Exact Title of Your Position: _____

From (Month/Year): _____ To (Month/Year): _____ Average Hours Per Week _____

Duties (Be specific -attach extra signed and dated sheets, if necessary):

Approximate Ending Salary: _____

Supervisor's Name and Title: _____

Number and Occupation of Employees you Supervised:

Reason for Leaving: _____

Your Signature

Date

OIDS is an Equal Opportunity Employer

Name: _____ **Social Security Number:** _____

Employer's Name and Address: _____
Exact Title of Your Position: _____
From (Month/Year): _____ To (Month/Year): _____ Average Hours Per Week _____

Duties (Be specific -attach extra signed and dated sheets, if necessary):

Approximate Ending Salary: _____

Supervisor's Name and Title: _____

Number and Occupation of Employees you Supervised:

Reason for Leaving: _____

Employer's Name and Address: _____

Exact Title of Your Position: _____

From (Month/Year): _____ To (Month/Year): _____ Average Hours Per Week _____

Duties (Be specific -attach extra signed and dated sheets, if necessary):

Approximate Ending Salary: _____

Supervisor's Name and Title: _____

Number and Occupation of Employees you Supervised:

Reason for Leaving: _____

Employer's Name and Address: _____

Exact Title of Your Position: _____

From (Month/Year): _____ To (Month/Year): _____ Average Hours Per Week _____

Duties (Be specific -attach extra signed and dated sheets, if necessary):

Approximate Ending Salary: _____

Supervisor's Name and Title: _____

Number and Occupation of Employees you Supervised:

Reason for Leaving: _____

Your Signature

Date

The OIDS Personnel Officer will remove this section

Voluntary Applicant Survey - The information requested will be used to assist the agency in complying with state and federal record keeping and reporting requirements. Please provide accurate or ethnic group to verify tribal affiliation by providing a certificate of Degree of Indian Blood from the U.S. Department of Interior, Bureau of Indian Affairs, or by providing the name and address of tribal officials who can verify tribal affiliation. Do NOT turn this verification in with this employment application. It should be turned in to the hiring agency within thirty days of appointment.

Social Security Number: _____

Gender: (M or F)

Race or Ethic Group (Check only one)

- | | |
|--|---|
| 1. _____ Black (not of Hispanic origin) | 4. _____ Hispanic (Mexican, Puerto Rican,
Cuban, Central or South American
or other Spanish culture or origin,
regardless of race) |
| 2. _____ Asian or Pacific Islander | |
| 3. _____ American Indian or Alaskan Native | 5. _____ White (not of Hispanic origin) |