



**APPLICATION FOR EMPLOYMENT**



**OKLAHOMA WORKERS COMPENSATION COMMISSION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street City State Zip*

Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your present employer? \_\_\_\_\_

Are you related to anyone in our employment?  Yes  No  
If yes, please give name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Have you submitted an application here before?  Yes  No

Have you ever been employed here before?  Yes  No If yes, date: \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No  
*(Proof of U.S. citizenship or immigration status will be required upon employment)*

Have you ever been convicted or pled no contest to a felony or misdemeanor?  Yes  No  
*If yes, please explain:* \_\_\_\_\_

**EDUCATIONAL HISTORY**

Education	Name & Location of School	Subject Studied	Diploma Received (Y or N)
High School			
College			
Trade or Business School(s)			

## EMPLOYMENT HISTORY

Please list your past employers, starting with the most recent employer (Use additional sheets if necessary).  
 Explain any gaps in employment in the applicant comments section.

<i>Employer</i>	<i>Telephone</i>	<i>From</i>	<i>To</i>	<i>Duties &amp; Responsibilities</i>
<i>Address</i>				
<i>Job Title</i>		<i>Salary/Starting</i>		
<i>Immediate Supervisor Name &amp; Title</i>				
<i>Reason for Leaving</i>		<i>Salary/Final</i>		
<i>Employer</i>	<i>Telephone</i>	<i>From</i>	<i>To</i>	<i>Duties &amp; Responsibilities</i>
<i>Address</i>				
<i>Job Title</i>		<i>Salary/Starting</i>		
<i>Immediate Supervisor Name &amp; Title</i>				
<i>Reason for Leaving</i>		<i>Salary/Final</i>		
<i>Employer</i>	<i>Telephone</i>	<i>From</i>	<i>To</i>	<i>Duties &amp; Responsibilities</i>
<i>Address</i>				
<i>Job Title</i>		<i>Salary/Starting</i>		
<i>Immediate Supervisor Name &amp; Title</i>				
<i>Reason for Leaving</i>		<i>Salary/Final</i>		
<i>Employer</i>	<i>Telephone</i>	<i>From</i>	<i>To</i>	<i>Duties &amp; Responsibilities</i>
<i>Address</i>				
<i>Job Title</i>		<i>Salary/Starting</i>		
<i>Immediate Supervisor Name &amp; Title</i>				
<i>Reason for Leaving</i>		<i>Salary/Final</i>		

**Professional Licenses, Special Accomplishments, Awards, Etc.**

Exclude information which might reveal sex, race, religion, national origin, age, color, disability or other protected status.

**Applicant Comments:**

**References:** List below the names of 3 persons whom you have known for at least one year who are not related to you. Former employers may be included in this list.

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Business</i>	<i>Yrs. Known</i>
1.				
2.				
3.				

**Supplemental Information**

Have you ever been a candidate for, or been elected to a public office?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been registered as a lobbyist?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you been involved as a litigant in a civil action in the past 10 years?  Yes  No If yes, please list dates, case number, court and your role in the proceedings in the space below:

\_\_\_\_\_

Are you current on filing federal and state tax returns?  Yes  No

Do you have any tax liens or claims outstanding?  Yes  No

*NOTE:* Pursuant to 68 O.S. § 238.2, failure to comply with state income tax laws may subject you to adverse employment action.

**Emergency Contact:**

In Case of Emergency, Notify:

_____			
Name			
_____		_____	
Address	City	State	Zip
_____		_____	
Phone		Relationship	

In submitting this application, I authorize all persons, firms, officers, corporations, associations, organizations, State or Federal Agencies and institutions to furnish to the Oklahoma Worker’s Compensation Commission (“Commission”) or it’s authorized representatives, all relevant documents, records or other information that may be requested in the investigation of this application. I further agree that all information received by the Commission will be treated confidentially (to the extent allowable under the Oklahoma Open Records Act) by the Commission and I specifically waive any right to review the material submitted to the Commission. I understand that any false statements or misrepresentations by me will result in the Commission rejecting my application and/or will result in the separation of my employment with the Commission if I have been employed at the time that the false information or misrepresentation is discovered.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**In accordance with the laws of the State of Oklahoma, the Oklahoma Worker’s Compensation Commission is an equal opportunity employer. Applications will be considered without regard to race, sex, color, age, religion, color, national origin or disability, provided that you are able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation.**

**DO NOT FILL OUT BEYOND THIS POINT**

**Administrative Use Only**

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hired:       Yes    No

Hire Date: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Starting Rate of Pay: \_\_\_\_\_

**RELEASE OF PERSONAL INFORMATION FOR PURPOSES OF BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, am an applicant for a position with the Workers' Compensation Commission of the State of Oklahoma. I have read the questions in the foregoing application and have answered them truthfully, fully and completely. I hereby request and authorize the Oklahoma State Bureau of Investigation (OSBI) to conduct an official investigation of my personal history and background, and further request and authorize the OSBI to deliver a report of its investigation to the Workers' Compensation Commission. I hereby authorize the release of any information from educational and other institutions, my references, employers, business and professional associates, all governmental agencies and instrumentalities and all consumer reporting agencies. This release to the OSBI and to the Workers' Compensation Commission of any information, files, records and/or reports requested by the OSBI or the Commission in connection with the background investigation and processing of this application is without reservation or exception.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**