

CLEET ACCREDITATION RÉSUMÉ FORM Oklahoma Department of Corrections

Name _____ CLEET # (if applicable) _____

Phone _____ Email _____

Career Résumé (please list position and tenure)

Present position _____ Previous Position _____

EDUCATION	NAME & LOCATION	DATES ATTENDED	HOURS COMPLETED	DEGREES & MAJORS
Registration, certification, or licensure:		Granted by:		Effective Dates:

Qualifying experience (list only jobs that include relevant experience), beginning with most recent:

EMPLOYER & LOCATION	POSITION HELD	DATES EMPLOYED	DESCRIPTION OF DUTIES

Please attach additional pages as needed

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Professional training:

CLEET instructor certifications held (check all that apply):

Certification Date

- Basic Instructor _____
- Defensive Tactics/Custody Control _____
- Firearms Instructor _____
- LEDT (Driver Training) _____
- First Aid/CPR _____
- Radar Instructor _____
- Other (please specify): _____ _____

(R 12/21)