

## Oklahoma Department of Corrections Applicant Questionnaire & Background Investigation Form

**PART A: to be provided to the interview committee****PART B: to be retained by human resource officer**

Please type or print all responses. Fill out application form completely. If questions are not applicable, enter "N/A." **Do not leave questions blank.**

You are responsible for notifying the human resource office if your mailing address, home address, or home or business telephone number changes after submission of this form.

An accurate and complete form will help expedite your application. Any deliberate omissions or falsifications may result in disqualification. (PREA 115.17(g))

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

List all other names used including nicknames, maiden name, other last names and, if applicable, the date of the name change: \_\_\_\_\_

### PART A: TO BE COMPLETED BY APPLICANT FOR REVIEW DURING INTERVIEW/SELECTION PROCESS

**I. Contact Information**

Current Address: \_\_\_\_\_  
 Street Address Apt. # City County State Zip Code

Mailing Address (if different): \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Night Phone Number: \_\_\_\_\_

Alternate Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about this position?  ODOC Website  Newspaper Advertisement  Radio Advertisement

Career Fair (location): \_\_\_\_\_  Friend/Family Works for ODOC (location): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**II. Education**

High School graduate or GED?  Yes  No

If yes, name of high school or GED institute, plus city and state: \_\_\_\_\_

Type of School	Name and Location of School	Dates Attended		Semester Hours Completed	Date Graduated or Expected Graduation Date	Type of Diploma or Degree	Major Field of Study
		From (MM/YYYY)	To (MM/YYYY)				
Undergraduate Colleges or Universities							
Graduate Schools							
Technical or Vocational Schools							

List all valid licenses/certifications:			
TYPE	LICENSE NUMBER	STATE	EXPIRATION DATE

Have any of the above licenses ever been suspended or revoked?  Yes  No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you speak a language other than English?  Yes  No

Do you write in a language other than English?  Yes  No

Please list languages (other than English) in which you are fluent: \_\_\_\_\_

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### III. Military Record

Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

Branch of military service: \_\_\_\_\_

Were you ever the subject of formal disciplinary action, such as Court-Martial, Article 15's Captain's Mast, etc., while in the service?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### IV. Employment History

May we contact your present employer?  Yes  No

Have you ever received any disciplinary action?  Yes  No

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

Have you ever been named in a workplace complaint or grievance?  Yes  No

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

Have you ever filed a workers' compensation claim?  Yes  No

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

\_\_\_\_\_

If you need additional space to adequately describe your employment history, you may attach a typed employment history providing the same information as below. Include ALL employment, beginning with your current or last position and working back to your first position. Do not omit any periods of employment.

Present employer will be contacted regarding applications for all positions that require CLEET peace officer certification or any positions within the correctional officer series. (PREA 115.17(f))

Position Title: _____	Immediate Supervisor Name: _____
Employer: _____	Supervisor's Title: _____
Supervisor's Email Address: _____	
Mailing Address: _____	Phone #: _____
City, State, Zip: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
Start Date (MM/YYYY): _____	End Date (MM/YYYY): _____
Briefly describe your duties and responsibilities: _____	
Reason for leaving: _____	

Position Title: _____	Immediate Supervisor Name: _____
Employer: _____	Supervisor's Title: _____
Supervisor's Email Address: _____	
Mailing Address: _____	Phone #: _____
City, State, Zip: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
Start Date (MM/YYYY): _____	End Date (MM/YYYY): _____
Briefly describe your duties and responsibilities: _____	
Reason for leaving: _____	

Position Title: _____	Immediate Supervisor Name: _____
Employer: _____	Supervisor's Title: _____
Supervisor's Email Address: _____	
Mailing Address: _____	Phone #: _____
City, State, Zip: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
Start Date (MM/YYYY): _____	End Date (MM/YYYY): _____
Briefly describe your duties and responsibilities: _____	
Reason for leaving: _____	

Position Title: _____	Immediate Supervisor Name: _____
Employer: _____	Supervisor's Title: _____
Supervisor's Email Address: _____	
Mailing Address: _____	Phone #: _____
City, State, Zip: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
Start Date (MM/YYYY): _____	End Date (MM/YYYY): _____
Briefly describe your duties and responsibilities: _____	
Reason for leaving: _____	

Position Title: _____	Immediate Supervisor Name: _____
Employer: _____	Supervisor's Title: _____
Supervisor's Email Address: _____	
Mailing Address: _____	Phone #: _____
City, State, Zip: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
Start Date (MM/YYYY): _____	End Date (MM/YYYY): _____
Briefly describe your duties and responsibilities: _____	
Reason for leaving: _____	

Position Title: _____	Immediate Supervisor Name: _____
Employer: _____	Supervisor's Title: _____
Supervisor's Email Address: _____	
Mailing Address: _____	Phone #: _____
City, State, Zip: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
Start Date (MM/YYYY): _____	End Date (MM/YYYY): _____
Briefly describe your duties and responsibilities: _____	
Reason for leaving: _____	

**V. Traffic and/or Criminal History Information**

Current Driver's License (DL)#: \_\_\_\_\_ Commercial driver's license?  Yes  No  
(State) (Number)

Have you ever had a driver's license suspended, revoked, or canceled?  Yes  No  
 If yes, provide reasons, dates, state of issuance and DL number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Gender: \_\_\_\_\_

Scars and tattoos: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Have you ever committed a crime, which went undetected or unsolved?  Yes  No If yes, please describe in detail, including the nature of the illegal activity, dates, and duration of illegal activity: \_\_\_\_\_

Has any member of your family (spouse, natural or surrogate parents, grandparents, father-in-law, mother-in-law, children (including stepchildren and adopted children) grandchildren, siblings, and aunt or uncle) ever been convicted of a felony?  Yes  No If yes, please answer the following:

NAME	RELATION	DATE	PLACE	CHARGE	FINAL DISPOSITION

Have you ever smoked or experimented with marijuana, hashish, or any dangerous drug or narcotic  Yes  No  
 If yes, explain fully below:

APPROXIMATE DATE OF LAST USE	TYPE(S) OF CDS USED	APPROXIMATE NUMBER OF SEPARATE USES

Have you ever been convicted of a misdemeanor which involved the use or attempted use of physical force, or threatened use of a deadly weapon towards any current or former spouse or child of whom you are parent or guardian or person with whom you are or have cohabitated with or share a child in common?  Yes  No

Have you ever been arrested, charged, or convicted of any offense (including traffic) which involved the illegal usage of drugs or alcohol?  Yes  No

Have you ever been arrested, charged, or convicted of any offense involving domestic violence?  Yes  No

Have you ever engaged or been subject of an investigation involving sexual abuse in an institutional setting? (PREA 115.17(f))  Yes  No

Have you ever been arrested for an offense involving sexual abuse/activity involving force, threat of force/coercion? (PREA 115.17(f))  Yes  No

Have you ever been civilly or administratively adjudicated in regard to a sexual abuse/activity? (PREA 115.17(f))  Yes  No

Have you ever been alleged to or involved in any sexual harassment incidents? (PREA 115.17(f))  Yes  No

Do you currently engage in any illegal drug usage?  Yes  No If yes, please explain: \_\_\_\_\_

If you have ever been arrested, charged, pled guilty, nolo contendere, or convicted of any criminal violation, list below (attach additional page(s) if needed): (PREA 115.17(f))

DATE	CHARGE	COURT CITY & STATE	DISPOSITION

## VI. Relatives

Please supply the appropriate information in the spaces provided below. If a category is not applicable or relative is not living, write in "N/A."

Relationship	Name	Mailing Address and Email Address	Telephone
<b>Father</b>			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Mother</b>			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Spouse</b>			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Sibling</b>			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Sibling</b>			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

<b>Sibling</b>			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Other (please specify)</b>			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Other (please specify)</b>			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

**VII. References**

Please list any individuals with whom you have resided during the last six months who are NOT relatives. Do not list any information prior to your 18<sup>th</sup> birthday.

<b>Name</b>	<b>Mailing Address and Email Address</b>	<b>Telephone</b>
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

Please list 3-5 individuals who have professional knowledge of you. Do NOT include relatives and former employers.

<b>Name</b>	<b>Mailing Address and Email Address</b>	<b>Telephone</b>
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

**VIII. Work Requirement Information**

Do you have any relatives presently employed by the Oklahoma Department of Corrections?  Yes  No

If yes, please list their name, relationship, and work location: \_\_\_\_\_

Do you have any relatives currently under the care, custody, or supervision of the Oklahoma Department of Corrections?  Yes  No

If yes, please list their name, relationship, and location: \_\_\_\_\_

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If offered employment, are you available to start work immediately?  Yes  No

If no, when are you able to start? \_\_\_\_\_

If offered employment, is there any reason you would not be able to continuously perform essential job requirements the first six months?  Yes  No

If yes, please provide an explanation: \_\_\_\_\_

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Are you legally eligible to work in the U.S.?  Yes  No

I have read the job requirements for the position I have applied for and certify that I am able to perform the essential job functions of that position, with or without, reasonable accommodation.

I further certify that all statements and information contained herein are true and complete and I understand that any misstatements or omissions of material fact will result in disqualification or dismissal. (PREA 115.17(g))

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Signature

Date



**PART B: TO BE COMPLETED BY APPLICANT AND RETAINED BY THE FACILITY FOR THE PURPOSE OF COMPLYING WITH STATE AND FEDERAL RECORD KEEPING REQUIREMENTS**

**Social Security Number**

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**Date of Birth  
(MM/DD/YY)**

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**Gender  
(M or F)**

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**Race or Ethnic Group (check one)**

- Black (not of Hispanic origin)
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Hispanic (Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish culture or origin, regardless of race)
- White (not of Hispanic origin)