



**EMPLOYMENT APPLICATION**  
**OKLAHOMA HOUSE OF REPRESENTATIVES**  
 State Capitol Building  
 Oklahoma City, OK 73105  
 (405) 521-2711 TDD (405) 557-7447  
**AN EQUAL OPPORTUNITY EMPLOYER**

<p><b>INSTRUCTIONS READ CAREFULLY</b></p> <ul style="list-style-type: none"> <li>Print or type all information. ENTRIES MUST BE READABLE.</li> <li>A resume or vita will not be accepted in lieu of an application.</li> </ul>	<ul style="list-style-type: none"> <li>Answer all questions completely as all or part of your grade or ranking on a list of eligibles for employment may be based on a rating of this application.</li> <li>If application is accepted, you will be notified of the time and place of examination if required.</li> </ul>
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A. POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

Classification of Position (Select one.)  Full-Time  Session-Only  Intern

**B. APPLICATION INFORMATION**

DATE OF APPLICATION (Mo-Day-Yr)	Are you now a state employee (Y or N)	DATE AVAILABLE (Mo-Day-Yr)	
_____	_____	_____	
LAST NAME	FIRST NAME	MI	SUFFIX (JR, SR, III)
_____	_____	_____	_____
MAILING ADDRESS		E-MAIL ADDRESS	
_____		_____	
CITY	ST	ZIP	
_____	_____	_____	
AREA CODE	EVENING TELEPHONE	AREA CODE	DAY TELEPHONE
_____	_____	_____	_____

The Oklahoma House of Representatives will perform a criminal background check on prospective employees. Convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.

Have you ever been convicted of any offenses other than minor traffic violations \_\_\_\_\_ (Y or N). If yes, please explain below:

\_\_\_\_\_

Do you currently have any relatives employed with the Oklahoma House of Representatives? (Y or N)

C. EDUCATION – Including high school (or GED), vocational school, and college. You may be asked to submit a transcript and diploma.

NAME AND LOCATION	FIELD OF STUDY OR AREA OF CONCENTRATION				DEGREE	TOTAL HOURS
	Major	Hours	Minor	Hours		
Kind of Professional or Trade License or Certificate (Enclose a copy)			State or Other License/Certificate Authority			

**D. EXPERIENCE - Start with your present job and work back. List each promotion or transfer as a separate job even if they were with the same employer. If you have more than three (3) separate periods of employment, sign and attach sheets in the same form as below. Employers and supervisors may be contacted regarding your work experience.**

Have you ever been fired? \_\_\_\_\_ (Y or N) If yes, please explain: \_\_\_\_\_

<b>1</b> Employer's Name and Address (Firm, Organization, etc.)	Exact Title of Your Position	From (Mo/Yr)	To (Mo/Yr)
Duties (Be specific - attach extra signed and dated sheets, if necessary)			Average Hours Per Week
			Ending Salary \$
Number and Occupation of Employees You Supervised	Supervisor's Name and Title	Reason for Leaving	

<b>2</b> Employer's Name and Address (Firm, Organization, etc.)	Exact Title of Your Position	From (Mo/Yr)	To (Mo/Yr)
Duties (Be specific - attach extra signed and dated sheets, if necessary)			Average Hours Per Week
			Ending Salary \$
Number and Occupation of Employees You Supervised	Supervisor's Name and Title	Reason for Leaving	

<b>3</b> Employer's Name and Address (Firm, Organization, etc.)	Exact Title of Your Position	From (Mo/Yr)	To (Mo/Yr)
Duties (Be specific - attach extra signed and dated sheets, if necessary)			Average Hours Per Week
			Ending Salary \$
Number and Occupation of Employees You Supervised	Supervisor's Name and Title	Reason for Leaving	

I have read this application, reviewed my responses and affirm that all information I have supplied is complete and accurate. I acknowledge that if, at any time, any information provided is determined to be inaccurate, I may be subject to immediate termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand and acknowledge that, should I be hired, I will be an employee at-will. I understand that this means the Oklahoma House of Representatives may terminate me for any reason or for no reason. I understand that I am likewise free to terminate such employment at any time for any reason or no reason.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*For Session-Only Applicants**  
I acknowledge that my employment shall not extend beyond the current legislative session.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand and acknowledge that background checks may be conducted, and may provide a basis for hiring decisions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree that you may contact all of my references. I further agree that I will not hold the Oklahoma House of Representatives or any of my former employers liable for any information given or received regarding my prior employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to inform the Oklahoma House of Representatives of the reasons I left my prior employment, and I agree that both the Oklahoma House of Representatives and my former employers may discuss this information without incurring liability.

Signature \_\_\_\_\_ Date \_\_\_\_\_