



# Employment Application

## Oklahoma Insurance Department

### Notice to Applicants

The Oklahoma Insurance Department is an equal employment opportunity employer. All individuals are welcome to seek employment with the Oklahoma Insurance Department regardless of race, color, sex, ancestry, age, national origin, creed, political affiliation, religion or disability, so long as the disability does not render the person unable to do the work for which employed. Applicants will not be unfairly discriminated against before or during their employment.

Employment at the Oklahoma Insurance Department is on an at-will basis only. Either party may terminate the employment relationship at any time. Employees of the Oklahoma Insurance Department are not covered by the general rules or statutes governing the Merit System of Personnel Administration, except insofar as some leave, whistleblower, discrimination, performance evaluation and salary regulations are concerned. No procedures or prior notice whatsoever is required before the Commissioner or the Commissioner's designee may exercise discretion to terminate any person's employment.

I state that I have read and understand this notice.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

### Notice of Disqualification

Failure to answer questions completely and truthfully or providing misleading or falsified information will disqualify the applicant for any position offered by the Oklahoma Insurance Department, and if discovered after employment, may result in dismissal from employment. I state that I have read and understand this disqualification notice.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

Answer every question on the application. If a question does not apply, indicate N/A in the space provided for the answer. Your answers are not limited to the space provided on the application. Attach additional pages as needed.



If you answered yes, explain:

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h) When are you available to start working for the Oklahoma Insurance Department?

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## 2) Educational Background

Official transcripts, certified copies of certificates and/or diplomas should be included with this application.

a) Have you received your high school diploma or GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Years attended \_\_\_\_\_

Name and address of school \_\_\_\_\_

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b) Technical School(s) Attended:

Name and Address of School	Highest Level Attained	Dates Attended

c) College(s) and/or University(s) Attended: Transcripts will need to be provided.

Name and Address of School	Highest Level Attained	Dates Attended

### 3) Employment History

- a) Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, are you currently employed by a State agency? Yes \_\_\_\_\_ No \_\_\_\_\_
- b) List in chronological order all previous employers including your present employer, beginning with your current or most recent employer. If any employer knew you under another name, provide the name by which that employer knew you.
- c) May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Address of Employer	Title/Job	Employment Dates
	Reason for Leaving	Ending Salary
Phone: ( )		
	Reason for Leaving	Ending Salary
Phone: ( )		
	Reason for Leaving	Ending Salary
Phone: ( )		
	Reason for Leaving	Ending Salary
Phone: ( )		
	Reason for Leaving	Ending Salary
Phone: ( )		

## 4) Professional Licenses/Certification

- a) List all professional licenses and/or certifications. If you hold a license and/or certification under another name, please provide the name on the license and/or certification.

Name and Address of Entity Issuing License/Certification	Type of License/Certification	Date Issued	Status of License/Certification
	Name on License/Certification:		
	Name on License/Certification:		
	Name on License/Certification:		

- b) Have you ever had a consumer complaint, administrative proceeding, civil action or other legal proceeding (including pending actions) filed against you regarding your activities under the above listed license(s) and/or certification(s)?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, provide the following information, attaching additional pages as needed:

Name and Mailing Address of Court/Administrative Agency	Type of Action	Date of Action	Outcome

## 5) Driving Record

The job for which you are applying may require you to use your private car or a state car in the performance of your job related duties.

a) Do you have a current Oklahoma Driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide your driver's license number: \_\_\_\_\_

If no, provide the State and license number of your current driver's license:

\_\_\_\_\_

b) Has your driver's license been suspended within the last five (5) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the reason for the suspension? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When was your license reinstated? \_\_\_\_\_

## 6) References

The Oklahoma Insurance Department may choose to contact your references.

Family members are not acceptable references. You will need to list three professional references and three personal. See the attached Release of Information and sign it if you agree with the terms of that consent.

Name and Address of Reference	Daytime Phone Number	Occupation of Reference	Nature and Length of Acquaintance
	Area Code:		
	Area Code:		
	Area Code:		
	Area Code:		

	Area Code:		
	Area Code:		

## 7) Verification

I verify the answers provided above are true and correct.

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

\_\_\_\_\_  
Date

### RELEASE OF INFORMATION

I, \_\_\_\_\_, do hereby authorize representatives of the Oklahoma Insurance Department to have access to my employment records with my current and former employers, educational records, and any other information, which is not in conflict with state or federal law, in regard to its background investigation of me to be conducted for possible employment with the Oklahoma Insurance Department.

I further authorize the Oklahoma Insurance Department to contact the people I have listed as references and others, to request information concerning me, which is not in conflict with state of federal law, in regard to its background investigation of me to be conducted for possible employment with the Oklahoma Insurance Department.

This authorization is valid for 90 days beyond the date listed below, and a machine copy of this authorization is to be considered as valid as an original.

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

\_\_\_\_\_  
Date