



The Source for Workers' Compensation Insurance

## Employment Application

You may apply for only one job per application. Please answer all questions completely. All information is subject to investigation and verification. A personal background investigation, including any civilian or military court records, may be conducted. Willful misrepresentation or falsification of information on this application could result in forfeiture of position, ineligibility for state employment for five years, a fine of up to one thousand dollars and/or imprisonment for up to six months. Please send completed applications to **HR Dept., P.O. Box 53505, OKC, OK 73152-3505.**

Visit our web site at [www.compsourceok.com](http://www.compsourceok.com).

Print or type all information

Date \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
City State Zip Cell Phone # \_\_\_\_\_

Are you a U.S. citizen?  Yes  No  
 If "NO", are you eligible to be employed under Visa or Entry Permit?  Yes  No

Have you ever been convicted of or placed on deferred prosecution or deferred sentence for any felony?  Yes  No

If "YES," explain for each the nature of the offense, date, location and final disposition. Convictions and deferred prosecutions or sentences are evaluated in relation to the position applied for.

Do you have valid Oklahoma Driver's License?  Yes  No License No. \_\_\_\_\_  
 Have you ever worked using a different name?  Yes  No  
 If "YES", please list all names used: \_\_\_\_\_

**EDUCATION AND TRAINING: All post high school education must be verified by transcripts, enrollment and related education records. By signing this application you understand that you consent to the release of transcripts, enrollment and education records from educational institutions and others parties who may have this information**

	NAME	CITY/STATE	MAJOR	DEGREE/TYPE
	( hours completed if no degree obtained)			
High School				
Business or Trade				
University or College (Undergrad. and Grad.)				

Special Skills/Qualifications \_\_\_\_\_ Typing Skill \_\_\_\_\_ WPM  
**(Typing Certificate Will be Required to Verify Words Per Minute)**

### PERSONAL REFERENCES

Give two personal references other than relatives who have known you in excess of 3 years. Do give the names of friends or acquaintances presently employed by this agency.

**Name                      Address/City/State                      No. of Years Acquainted                      Occupation**

### **CompSource Oklahoma Background Investigation Waiver**

Due to the nature of the work performed, CompSource Oklahoma performs a background investigation on all persons who have applied and may be considered for employment with CompSource Oklahoma. This investigation will include, but not be limited to contacting past and current employers, and personal references, and obtaining criminal records, driving records and high school, trade school and college enrollment, transcripts and other related education records. Any information obtained during such investigation will be confidential information and not open to public inspection.

I, \_\_\_\_\_, am aware that, as a condition of consideration of employment with CompSource Oklahoma, a background investigation will be performed and I agree to the release of the records listed and performance of such investigation.

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

List your work history (including military service), beginning with your present or most recent employer., Include details regarding your duties and responsibilities, giving special attention to experience relating to the job for which you are applying. Attach additional sheets if necessary.

Employer's Name, Address, Telephone (Firm, Organization, etc.)	Exact Title of Position	From	To
		Mo./Yr.	Mo./Yr.
Duties (Be Specific)		Total Time	Hours/Week
		Salary	
		Starting \$	Ending \$
Number and Kind of Employees you Supervised	Reason for Leaving	Supervisor's Name and Title	

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		Mo./Yr.	Mo./Yr.
Duties (Be Specific)		Total Time	Hours/Week
		Salary	
		Starting \$	Ending \$
Number and Kind of Employees you Supervised	Reason for Leaving	Supervisor's Name and Title	

I certify that all information given by me in regard to this application and applicable attachments/enclosures for employment is complete and correct to the best of my knowledge and belief. You may contact current and previous employers to verify the information.

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

"An Equal Opportunity Employer"

Revised 5/21/2008