

**EMPLOYMENT APPLICATION**

Oklahoma Public Employees Retirement System  
ATTN: Human Resources  
5801 North Broadway Extension, Suite 400  
Oklahoma City, Oklahoma 73118  
PHONE: 405-858-6737



Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Title of Position Applying For: \_\_\_\_\_

May we contact you at work to schedule an interview? \_\_\_\_\_

Date available for employment: \_\_\_\_\_

Are you legally authorized to work in the United States?       YES       NO  
(Proof of employment eligibility will be required upon hire in compliance with the laws and regulations of the U.S. Department of Immigration and Naturalization.)

Are you related by blood or marriage to any current or former OPERS employee or Board member?  
 YES       NO

If yes, name that person and your relationship to them: \_\_\_\_\_

Have you ever been arrested or convicted of any offense other than minor traffic violations?  
 YES       NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_  
(Convictions and arrests are not an absolute bar to employment, but will be considered in relation to specific job requirements.)

Have you ever been fired or involuntarily terminated from a job?       YES       NO

If YES, please explain: \_\_\_\_\_

Have you used a computer in the workplace?       YES       NO

Have you used a computer for personal use?       YES       NO

If YES, what kind of computers/software have you used?  
\_\_\_\_\_  
\_\_\_\_\_

List special skills, including business machines/ office equipment operation:

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EDUCATION: Include high school, vocational school and college.

Name of School or College	City, State	Number of Years Completed	Diploma or Type of Degree Received	Area of Study

List any professional or occupational license or registration: \_\_\_\_\_

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**EXPERIENCE:** Please list different positions with each employer as separate periods of employment.

1. Present Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Employed Since: \_\_\_\_\_

May we contact your present employer as a reference?  YES  NO

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Description of Work Performed: \_\_\_\_\_

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# Employees Supervised: \_\_\_\_\_ Present Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Hrs worked/week \_\_\_\_\_

Reason for seeking another position: \_\_\_\_\_

2. Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Description of work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Employees Supervised: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Hrs worked/week \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Description of work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Employees Supervised: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Hrs worked/week \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Description of work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Employees Supervised: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Hrs worked/week \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

5. Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Description of work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Employees Supervised: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Hrs worked/week \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If you have more than five separate periods of employment, fill out a blank sheet in the above format, and sign and attach it to this application.

APPLICANT CERTIFICATION



I certify that the information supplied in this application and in any other form, oral or written, is true and accurate. I hereby authorize the Oklahoma Public Employees Retirement System to verify the information I have provided in my employment application, in my oral statements, and in any other documents or supplemental information I have provided to this agency for the purposes of employment. I understand and agree that any misstated, misleading, incomplete, or false information is grounds for my disqualification from consideration for employment, for withdrawal of any offer of employment if an offer has been made, or for my immediate discharge if employment has already commenced, whenever, and however discovered. I hereby release from liability and hold harmless the Oklahoma Public Employees Retirement System and its employees, along with any organization or individual providing information to the Oklahoma Public Employees Retirement System, from any and all causes of action accrued to me as a result of such disclosure of information concerning me.

I also certify and agree that any documents submitted by me with this application or in connection with this application, including but not limited to, résumés, applications, letters, forms, or other documents, which are prepared on my behalf by another party or individual, are true and correct, whether signed or unsigned by me, and that any false or misleading information contained therein is my full and complete responsibility.

If selected for employment, I agree to conform to the policies, rules and regulations of the Oklahoma Public Employees Retirement System. I understand that no representative of the agency, other than the Executive Director or designee, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date

Title 21 of the Oklahoma Statutes 2004, Sections 358(B) and 359(B) state that it shall be unlawful for any person applying for employment with the State of Oklahoma to make a materially false, fictitious or fraudulent statement or representation on an employment application, knowing such statement or representation to be materially false, fictitious or fraudulent, and that any person found guilty of violating this provision shall be guilty of a misdemeanor punishable by a fine not exceeding One Thousand Dollars (\$1,000.00) or by imprisonment in the county jail for a term not exceeding one (1) year, or by both fine and imprisonment.

THE OKLAHOMA PUBLIC EMPLOYEES RETIREMENT SYSTEM IS AN  
EQUAL OPPORTUNITY EMPLOYER

**OKLAHOMA PUBLIC EMPLOYEES RETIREMENT SYSTEM**



**AUTHORIZATION FOR BACKGROUND  
INVESTIGATION AND RELEASE OF LIABILITY**

I hereby authorize the Oklahoma Public Employees Retirement System to verify the information I have provided in my employment application, in my oral statements, and in any other documents or supplemental information I have provided to this agency for the purposes of employment. This shall include the authorization to conduct any and all personal background checks, including but not limited to, criminal history and related records, education and employment background and records, civilian and military court records and/or proceedings.

I certify that all information I have supplied to the Oklahoma Public Employees Retirement System in my application and in any other form, oral or written, is true and accurate. I understand and agree that any misstated, misleading, incomplete, or false information is grounds for my disqualification from consideration for employment, for withdrawal of any offer of employment if an offer has been made, or for my immediate discharge if employment has already commenced, whenever, and however discovered.

I understand that it is unlawful for any person applying for employment with the State of Oklahoma to make a materially false, fictitious or fraudulent statement or representation on an employment application, knowing such statement or representation to be materially false, fictitious or fraudulent, and that any person found guilty of violating this provision shall be guilty of a misdemeanor punishable by a fine not exceeding One Thousand Dollars (\$1,000.00) or by imprisonment in the county jail for a term not exceeding one (1) year, or by both fine and imprisonment.

I also certify and agree that any documents submitted by me with this application or in connection with this application, including but not limited to, résumés, applications, letters, forms, or other documents, which are prepared on my behalf by another party or individual, are true and correct, whether signed or unsigned by me, and that any false or misleading information contained therein is my full and complete responsibility.

I realize that any criminal history may bar employment with the Oklahoma Public Employees Retirement System. I further understand that nothing in my application is intended to imply or create an employment relationship or contract for employment.

I hereby release from liability and hold harmless the Oklahoma Public Employees Retirement System and its employees, along with any organization or individual providing information to the Oklahoma Public Employees Retirement System, from any and all causes or action accrued to me as a result of such disclosure of information concerning me.

I understand that a copy of this document shall have the same legal significance as the original.

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Signature Required

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Date

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**STATISTICAL DATA (Optional)**

The Oklahoma Public Employees Retirement System adheres to equal employment opportunity/affirmative action guidelines set forth by state and federal laws. This information is sought to assist us in complying with these guidelines and to provide statistical data to appropriate state and federal agencies. It will not be used in any way to discriminate against any applicant for employment.

Printed Name

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First (Middle) Last (Maiden or Previous Names)

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Social Security # Race Gender Date of Birth

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How did you hear about this position? \_\_\_\_\_

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