



# Oklahoma State Bureau of Investigation

RICKY ADAMS  
*Director*

BRYAN RIZZI  
*Assistant Director*

Dear Applicant:

Thank you for your interest in a practicum with the OSBI. Enclosed are the OSBI application materials for practicum. Please complete these materials and return them to:

OSBI Human Resources Section  
6600 North Harvey  
Oklahoma City, OK 73116

It is important that your application is legible and complete. Please note that our work history section requires every job you have ever held. Successful applicants with the OSBI are also required to undergo a polygraph, and a background investigation. Certain events automatically disqualify applicants. These events are:

- possession of a felony conviction record;
- illegal use of controlled dangerous substance within certain time frames;
- selling, distributing, or manufacturing controlled dangerous substances
- a positive, confirmed drug test;
- admission of an undetected crime that, if known, would have been a felony or serious misdemeanor charge;
- failure to file state or federal income taxes.

Any qualified applicant with a disability may request reasonable accommodation to complete the application/interview process. The specific nature of the accommodation requested and the reason for the request should be provided at the time of initial application. This letter is not an offer of employment.

If you have questions, please call 405-879-2963 or e-mail [Jarod.Murphey@osbi.ok.gov](mailto:Jarod.Murphey@osbi.ok.gov).

Sincerely,

Jarod Murphey  
HR Management Specialist

Enclosure, as stated

EQUAL OPPORTUNITY EMPLOYER

**The OSBI is an Equal Opportunity Employer.**



# OKLAHOMA STATE BUREAU OF INVESTIGATION

6600 North Harvey Place  
Oklahoma City, OK 73116  
PH: (405) 848-6724  
FAX: (405) 842-0675

## STUDENT PRACTICUM

### PRE-EMPLOYMENT APPLICATION

#### I. APPLICANT IDENTIFICATION

DATE \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Home Address (Number/Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Day Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

#### Social Security Number

(The Social Security Number will be used for identification purposes to ensure proper records are obtained.) \_\_\_\_\_

1. Are you at least eighteen (18) years old?  YES  NO
2. If applying for a commissioned law enforcement position, are you at least twenty-one (21) years of age?  YES  NO
3. Have you ever applied for any position with OSBI before?  YES  NO

If you answered "yes", please indicate the POSITION you applied for: \_\_\_\_\_

Date(s) of previous application: \_\_\_\_\_

Outcome of previous application: \_\_\_\_\_

Beginning with your present job or your current period of unemployment, **list ALL employment, including part-time, military, temporary, seasonal, self-employment and volunteer work** *[include employers who may no longer be in business, employment that does not directly relate to the position for which you are applying, employment while in school, etc. OMIT NOTHING]*. **Include all employers back to 18 years of age.** If you have intervening periods of unemployment, list those period in sequence in the spaces provided. This application provides space for six (6) instances of employment. If you have more than 6 present and previous instances of employment, **make sufficient copies of page 4 to list all employment.**

Each applicant's employment/unemployment history must be complete. **Applicants who have not provided a complete, chronological employment/unemployment history will have failed to submit an application correctly and will be disqualified from competing.**

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## II. WORK HISTORY

**Dates of Employment** From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  Full-Time  Part-Time

Average Hours Per Week \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
*Number/Street* *City/State* *Zip Code*

Employer's Telephone \_\_\_\_\_ Your Title While Employed: \_\_\_\_\_

Description of Your Duties

Name at least two individuals who supervised or evaluated your work performance: \_\_\_\_\_

\_\_\_\_\_ #of Persons You Supervised: \_\_\_\_\_

Name(s) of Co-workers(s): \_\_\_\_\_

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

**Not Employed:** From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

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**Dates of Employment** From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  Full-Time  Part-Time

Average Hours Per Week \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
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Employer's Telephone \_\_\_\_\_ Your Title While Employed: \_\_\_\_\_

Description of Your Duties

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\_\_\_\_\_ #of Persons You Supervised: \_\_\_\_\_

Name(s) of Co-workers(s): \_\_\_\_\_

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

**Not Employed:** From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

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**II. WORK HISTORY, CONTINUED**

**Dates of Employment** From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  Full-Time  Part-Time

Average Hours Per Week \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
*Number/Street* *City/State* *Zip Code*

Employer's Telephone \_\_\_\_\_ Your Title While Employed: \_\_\_\_\_

Description of Your Duties

Name at least two individuals who supervised or evaluated your work performance: \_\_\_\_\_

\_\_\_\_\_ #of Persons You Supervised: \_\_\_\_\_

Name(s) of Co-workers(s): \_\_\_\_\_

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

**Not Employed:** From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

**Dates of Employment** From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  Full-Time  Part-Time

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Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
*Number/Street* *City/State* *Zip Code*

Employer's Telephone \_\_\_\_\_ Your Title While Employed: \_\_\_\_\_

Description of Your Duties

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\_\_\_\_\_ #of Persons You Supervised: \_\_\_\_\_

Name(s) of Co-workers(s): \_\_\_\_\_

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

**Not Employed:** From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

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**II. WORK HISTORY, CONTINUED**

**Dates of Employment** From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  Full-Time  Part-Time

Average Hours Per Week \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
*Number/Street* *City/State* *Zip Code*

Employer's Telephone \_\_\_\_\_ Your Title While Employed: \_\_\_\_\_

Description of Your Duties

Name at least two individuals who supervised or evaluated your work performance: \_\_\_\_\_

\_\_\_\_\_ #of Persons You Supervised: \_\_\_\_\_

Name(s) of Co-workers(s): \_\_\_\_\_

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

**Not Employed:** From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

**Dates of Employment** From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  Full-Time  Part-Time

Average Hours Per Week \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
*Number/Street* *City/State* *Zip Code*

Employer's Telephone \_\_\_\_\_ Your Title While Employed: \_\_\_\_\_

Description of Your Duties

Name at least two individuals who supervised or evaluated your work performance: \_\_\_\_\_

\_\_\_\_\_ #of Persons You Supervised: \_\_\_\_\_

Name(s) of Co-workers(s): \_\_\_\_\_

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

**Not Employed:** From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

**IF ADDITIONAL WORK HISTORY EXISTS, ATTACH EXTRA COPIES OF THIS PAGE.**

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**II. WORK HISTORY, CONTINUED**

1. Have you ever been fired or asked to resign?  YES  NO

If "yes", give details (include name of employer):

2. Have you ever been disciplined in any of your employment?  YES  NO

If "yes", explain (include name of employer):

3. Would any problem result if your present employer were contacted during the course of the background investigation?

YES  NO

If "yes", when should such contact be made? \_\_\_\_\_

**NOTE: No final offer of employment will be made without contacting your current employer.**

**III. MOTOR VEHICLE LICENSE INFORMATION**

1. Are you a licensed driver?  YES  NO

If "yes" provide the following information.

Driver License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Driver License Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Restrictions \_\_\_\_\_

2. List any other states in which you have been licensed to operate a motor vehicle.

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3. Have you ever been refused a driver's license to operate a motor vehicle?  YES  NO

If "yes", please explain:

4. List **all** traffic citations (exclude parking violations) you have received within the last 7 years?

<u>Nature of Violation</u>	<u>City/State</u>	<u>Approximate Date</u>	<u>Action Taken</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Have you been involved as a driver in a motor vehicle accident within the past 7 years?  YES  NO

If "yes", give details (include what, when, where, why)

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**IV. EDUCATIONAL HISTORY**

1. High School Attended \_\_\_\_\_ Graduated  YES  NO  
City and State \_\_\_\_\_ Dates Attended \_\_\_\_\_
- 
2. College or University Attended \_\_\_\_\_  
City and State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
College Hours Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_  
Degree, if any, and date \_\_\_\_\_ GPA \_\_\_\_\_
- 
- \* College or University Attended \_\_\_\_\_  
City and State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
College Hours Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_  
Degree, if any, and date \_\_\_\_\_ GPA \_\_\_\_\_
- 
- \* College or University Attended \_\_\_\_\_  
City and State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
College Hours Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_  
Degree, if any, and date \_\_\_\_\_ GPA \_\_\_\_\_
- 
- \* College or University Attended \_\_\_\_\_  
City and State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
College Hours Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_  
Degree, if any, and date \_\_\_\_\_ GPA \_\_\_\_\_

**IF ADDITIONAL COLLEGE/UNIVERSITY HISTORY EXISTS, ATTACH ADDITIONAL COPIES OF THIS PAGE.**

3. List any other schools attended (*trade, vocational, business, etc.*). Give name and address of school, dates, attended, course of study, certificate, and any other pertinent information:
4. Where you ever suspended or expelled while attending school?  YES  NO  
If "yes", please give details.
5. List any other special skills or qualifications you may possess.
6. Are you a CLEET certified peace officer or possess a peace officer certification from another state?  YES  NO  
If "yes", please provide your certification number and the issuing state below.  
**Certification Number** \_\_\_\_\_ **Issuing State** \_\_\_\_\_

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**V. FRIENDS, ACQUAINTANCES, OR FAMILY MEMBERS EMPLOYED BY THE OSBI**

<u>Complete Name</u>	<u>Location</u>	<u>Length of Acquaintance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VI. MISCELLANEOUS**

1. Other than incidents resulting in sealed juvenile records, have you ever been arrested or convicted of a felony crime, serious misdemeanor, or crime involving moral turpitude?  YES  NO  
If “yes”, describe in detail.

**NOTE:** Confidentiality requirements do not apply to juveniles who were tried as adults or as Youthful Offenders. 10 O.S. 7303-4.3, 7306-1.1, 7306-2.2 and 7306-2.6A set the parameters for juveniles who are treated as adults or Youthful Offenders. Generally, a juvenile or Youthful Offender is treated as an adult when they have committed murder; kidnapping; robbery with a dangerous weapon; robbery in the first degree if personal injury results; rape in the first degree; rape by instrumentation; use of firearm or other offensive weapon while committing a felony; arson in the first degree; burglary with explosives; burglary in the first or second degree after three or more adjudications for committing burglary in the first or second degree; shooting with intent to kill; discharging a firearm; crossbow or other weapon from a vehicle; intimidating a witness; manslaughter in the first degree; sodomy; trafficking in illegal drugs; manufacturing, distributing, dispensing or possessing with intent to manufacture, distribute or dispense a controlled dangerous substance, or assault and battery with a deadly weapon. (10 O.S. 7306-1.1) Consequently, criminal records regarding these crimes are not confidential, and these records must be listed above.

2. Other than crimes that would have been sealed in juvenile records, have you ever committed a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unsolved?  YES  NO  
If “yes” describe in detail, including nature, dates, and duration of illegal activity. Describe any illegal use of controlled dangerous substances by explaining the type of drug used, how many times you used it, and over what period of time (years) the use occurred (including your age at the first time used).

**NOTE:** Confidentiality requirements do not apply in this instance to undetected or unsolved crimes when a juvenile would have been treated as an adult or Youthful Offender (see comments on Question 1 in this part).

**Undetected crimes include any illegal use of controlled dangerous substances. Failure to reveal illegal drug use at this time may be grounds for disqualification.**

3. Are you a U.S. citizen or, if you are not a U.S. citizen, are you approved to work in the United States?  YES  NO  
**NOTE: Proof of eligibility will be required before you can be employed.**
4. Earliest date you are available for employment: \_\_\_\_\_

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**VII. AFFIRMATION**

I hereby authorize the Oklahoma State Bureau of Investigation to verify the information I have provided in this employment application, in my oral statements and in any other documents or supplemental information I have provided to the OSBI for the purposes of employment. I release the OSBI and any employee acting on its behalf from any and all causes of action that may accrue to me as a result of said verification and disclosure of records.

I certify that all information I have supplied to the OSBI in this 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.

If successful in my application, I understand I may be offered employment conditional upon the satisfactory completion of a thorough background investigation, polygraph examination, and/or drug screen, and/or psychological evaluation. If offered employment with the OSBI, I agree to participate in this process. I understand that refusal to participate in any part of the background investigation process may result in my disqualification from consideration for employment or withdrawal of employment offer if one has been made.

I understand that nothing in this application is intended to imply or create an employment relationship or contract of employment.

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

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

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

[SEAL]

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## OSBI DRUG QUESTIONNAIRE

In accordance with Title 74 O.S. § 150.8 and the Oklahoma Drug-free Workplace Act, the OSBI screens its applicants for a history of illegal drug use. The OSBI is charged with enforcement of all laws of the State of Oklahoma and provides the drug analysis laboratories for all Oklahoma law enforcement agencies. Therefore, illegal drug use by OSBI employees would be unacceptable. To be considered for employment with OSBI, it is mandatory that applicants being considered complete this form prior to the interview. Noncompliance with this requirement may result in non-consideration for employment. This questionnaire will be disclosed only to the appropriate OSBI officials with a need to know or as required by law.

**APPLICANT NAME** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_  
 (Please Print)

Please indicate whether you are currently using and the date, if any, on which you last used any of the following substances. **Other than Marihuana, do not include instances in which the substance was prescribed, administered, or dispensed to you by a licensed physician in compliance with the law for treatment of an actual medical condition from which you suffer(ed) at the time of dispensation.**

SUBSTANCE	CHECK (✓) IF NEVER TRIED/USED	ARE YOU CURRENTLY USING THIS SUBSTANCE?		DATE YOU FIRST USED/TRIED THIS SUBSTANCE?	DATE YOU LAST USED/TRIED THIS SUBSTANCE?	TOTAL# OF TIMES USED
		YES	NO			
MARIHUANA	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
HASHISH/HASH OIL	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
COCAINE/CRACK	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
PCP	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
HEROIN	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
OPIUM	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Including Derivatives: Hydrocodone (Vicodin, Lorcet, Tussionex) Hydromorphone (Dilaudid) Oxycodone (Percocet, Percodan)	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
LSD	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
AMPHETAMINE/METHAMPHETAMINE (Circle the substance used)	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
LIST ANY OTHER CONTROLLED SUBSTANCE(S) _____	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

I certify that the information provided above is correct and complete. I understand any offer of employment is made based upon the information provided in the Pre-Employment Application, during any interview with any OSBI representative, and on this drug questionnaire. Any misstatement of fact or omission of information may subject me to disqualification for further consideration in the hiring process or to withdrawal of offer if one has been made.

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

State of Oklahoma  
 County of \_\_\_\_\_ Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary Public My Commission Expires [SEAL]