NOTIFICATION OF EMPLOYMENT

DUE WITHIN 5 DAYS OF EMPLOYMENT

COMPLETION OF ALL FIELDS IS REQUIRED

FULL-TIME OFFICER (Over 25 hours per week)		RESERVE OFFICER (140 hours or less per month)				
Not Certified – Requesting Academy	☐ Not Certified – Requesting Academy					
Name of facility officer will be attending:		Not Certified - Requesting Career Tech/BPOC Academy				
Not Certified - Requesting Career Tech BPOC Academy		Tech Center Name:				
Tech Center Name:		Certified in Oklahoma CLEET #:				
Certified in Oklahoma CLEET #: OUT OVER 5 YEARS		OUT OVER 5 YEARS				
Certified in another state - requesting Reciprocity		Certified in another state - requesting Reciprocity				
Requesting COP/Career Tech BPOC			Requesting C	OP/Career Tech BPO	C certification	
Requesting Bridge Academy CLEET						
Department Information:						
Department Name:			Dept. E-Mail:			
Address:	City:	ZIP: County:				
Department Head:						
EMPLOYEE DATA:						
Last Name:	First Name:	MI:	_Sex: M	F DOB:	/ /	
SSN:	Race:	Home Phone: () -	Cell Phone: () -	
Mailing Address:		· · · · · · · · · · · · · · · · · · ·				
Mailing Address: Physical Address:	City:		State:	Zip:		
Email Address:				<u> </u>		
EMPLOYMENT INFORMATION						
Date of Commission://	Position: _					
 I am a U.S. Citizen or have resident alien statu I possess a high school diploma or a GED equi I am not currently undergoing treatment for a I have never been convicted of a felony, crime I am not currently nor have I ever participate I have never had a final Protective Order entered I state under penalty of perjury under the laws or 	valency certificate as recog mental illness, condition, c of moral turpitude, or crin d in a deferred sentence fo ered against me in this or a	gnized by state law; or disorder; ne of domestic violen r a felony, crime of m ny other State.	ce in any state or oral turpitude, o	federal court;		
Signature of Employee:				Date:/	/	
DEPARTMENT ADMINISTRATOR ATTESTATION						
 Have fingerprints been taken and sent to the record of conviction of, nor ever has nor is converged or a crime of domestic violence? 					Yes No	
 Have you, as the Department Administrator, pursuant to 70 OS 3311? 	verified a passing psychological	ogical evaluation has	been completed	for this employee	Yes No	
 Have you, as the Department Administrator, certificate as recognized by state law? 	verified that the employee	e possesses a high scl	nool diploma or (GED equivalency	Yes No	
 Do you, as the Department Administrator, co this or any other State? 	ertify that the employee ha	as never had a final Pr	otective Order fi	led against him/her in	Yes No	
 Do you, as the Department Administrator, co officer in the State of Oklahoma? 	ertify to the Council that th	e named employee/a	applicant is suital	ole to serve as a peace	Yes No	
I state under penalty of perjury under the laws	of Oklahoma that the foreg	going is true and corre	ect.			
Cinneture of Department Administrator or Desi						
Signature of Department Administrator or Designature	зпее:			Date: Title:	/ /	