

Confidential Request for Employment Verification

Name of employer: _____

Address: _____

Name of applicant: _____ SSN: _____

Dates of employment: _____
From (MM/YYYY) To (MM/YYYY)

Name of supervisor: _____

The above referenced applicant has applied for employment with the Oklahoma Department of Corrections (ODOC). We are requesting your cooperation in responding to the following employment questions. This information will be held in strictest confidence.

1. Are the employment dates listed above correct? ☐ Yes ☐ No

If not, what are the correct dates? From: _____ To: _____

2. What were this person's primary duties?

3. How would you rate this person's work performance?

☐ Below Average ☐ Average ☐ Above Average

Please describe any strengths or deficiencies which explain an "above average" or "below average" rating.

4. What was the reason(s) for, or condition(s) of, termination of employment?

5. Is this person eligible for rehire? ☐ Yes ☐ No

If no, why?

6. Did this person:
- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Observe work schedules and arrive at work on time? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Meet established deadlines? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Observe workplace rules? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Follow instructions well? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Take any unauthorized leave from work? | <input type="checkbox"/> | <input type="checkbox"/> |

7. Was this person ever subject to any disciplinary action? ☐ Yes ☐ No

If yes, please explain.

8. Did this person ever engage in, or were there any complaints concerning, any inappropriate workplace conduct such as:

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Violent or threatening actions or remarks? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Vulgar, obscene or disrespectful acts or remarks? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Expression of any racial, ethnic, or religious discrimination? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Sexually harassing conduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Taking company property or use of company resources without authorization? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Dishonesty, falsifying information? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to any of the above, please explain.

9. Did this person get along well with supervisors, coworkers, and/or the public? ☐ Yes ☐ No

If no, please explain.

10. If listed employment is a law enforcement agency, prison, jail or with a juvenile authority answer the below questions in compliance with the U.S. Department of Justice, National Standards to Prevent, Detect and Respond to Prison Rape 42 U.S.C. 15601, et. Seq. and 28 C.F.R.

- a. Was the applicant a suspect of a substantiated allegation of sexual abuse of an inmate (Prison/jail inmate, Juvenile Facility Resident, Community Confinement Resident, Police Lockup Detainee, etc.)? ☐ Yes ☐ No
- b. Was the applicant a suspect of a substantiated allegation of sexual harassment of an inmate (Prison/jail inmate, Juvenile Facility Resident, Community Confinement Resident, Police Lockup Detainee, etc.)? ☐ Yes ☐ No
- c. Did the applicant resign during a pending investigation of an allegation of sexual abuse of an inmate (Prison/jail inmate, Juvenile Facility Resident, Community Confinement Resident, Police Lockup Detainee, etc.)? ☐ Yes ☐ No

- d. Did the applicant resign during a pending investigation of an allegation of sexual harassment of an inmate (Prison/jail inmate, Juvenile Facility Resident, Community Confinement Resident, Police Lockup Detainee, etc.)? ☐ Yes ☐ No

If any of questions a. through d. above were answered yes, please describe incident:

Name (printed)

Title

Signature

Date

(R 03/22)