Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you over the age of eighteen? If no, hire is subject to verification that you are of minimum legal age. YES ☐		NO ☐	
Are you a citizen of the United States? YES ☐ NO ☐	If no, are you authorized to work in the U.S.? YES ☐	NO ☐	
Have you ever worked for this company? YES ☐ NO ☐	If so, when?		
Have you ever been convicted of a felony? YES ☐ NO ☐	If yes, explain		

EDUCATION				
High School		Address		
From	To	Did you graduate? YES ☐ NO ☐		Degree
College		Address		
From	To	Did you graduate? YES ☐ NO ☐		Degree
Other		Address		
From	To	Did you graduate? YES ☐ NO ☐		Degree

REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

PREVIOUS EMPLOYMENT

Company		Phone ( )
Address		Supervisor
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference?	YES ☐	NO ☐
Company		Phone ( )
Address		Supervisor
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference?	YES ☐	NO ☐
Company		Phone ( )
Address		Supervisor
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference?	YES ☐	NO ☐

MILITARY SERVICE

Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date

NOTICE AND ACKNOWLEDGEMENT

(IMPORTANT- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT)

NOTICE REGARDING BACKGROUND INVESTIGATION

TSU ONE (Company name) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, driving record, and/or mode of living and which can involve personal interviews with sources such as your current and past employers, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained by TSU ONE (Company name) with regard to applicants for employment are a felony/ misdemeanor records search and Texas driver license and driving record verification. The scope of this notice and authorization is all-encompassing, however, allowing TSU ONE (Company name) to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand the document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, state or federal agency, information service bureau, employer, or insurance company to furnish any and all background information requested by TSU ONE (Company name). I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

The following is for identification purposes only to perform the background check and will not be used for any other purpose:

_____ _____

Date Print Name

_____ _____

Social Security Number Signature of Employee or Prospective Employee

_____ _____

Driver License Number Date of Birth

_____

Current Address

_____

Previous Addresses (Last 7 Years)

_____

Any Other Names I Have Been Known By (Including Maiden Name)

RECORDS REQUEST & CONSENT TO RELEASE

Department of Public Safety

I hereby request the following driver record(s):

	Per Record Fee Regular	Certified
☐ Oklahoma driving record summary (Motor Vehicle Report, or MVR) [state law limits this summary to three years]	$25.00 or	$28.00
☐ Collision Report. Provide Date: _____ City/County _____	$7.00 or	$10.00
☐ Other Driving Record(s) (please specify record by type and date): _____	Per Page Fee $ 0.25 or	Per Certified Record Fee $ 3.00

[For vehicle records, contact Oklahoma Tax Commission. For birth certificates, contact Department of Health] **Total fee due is cost per line**

for:

Driver's Name: _____ Sex: _____

Driver License Number: _____ Date of Birth: _____ mm/dd/yyyy

Check the following applicable statement:

☐ I am the person named in the record(s) sought. ☐ I am requesting the record(s) of another person.

If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below.:

1. ☐ Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions †
2. ☐ Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.
3. ☐ Research Activities or Statistical Reports: personal information shall not be published, re-disclosed, or used to contact individuals †
4. ☐ Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, anti-fraud, rating or underwriting activities †
5. ☐ Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
6. ☐ Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †
7. ☐ Other: for use specifically authorized under the laws of the State of Oklahoma related to the public safety
   Statutory citation: _____

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

Printed Name of Person Named in Request _____ Signature of Person Named in Request _____

By signing above, I voluntarily give consent to the Department of Public Safety or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of his duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, *et seq.*] and his obligations to use such information only of the purposes set out therein and his civil and criminal liabilities if he violates these duties, and his obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the Oklahoma Department of Public Safety and OK.gov from any and all liability and penalties associated with my or my successor' or assignees' wrongful use and/or release of such information.

Printed Name of Person Making Request _____ Signature of Person Making Request _____

† Print Agency/Company Name(if item 1, 3, 4, 5 or 6 was checked above) _____ Date _____ mm/dd/yyyy

Address _____ City _____ State _____ Zip _____

Mail completed form along with appropriate fees to:
Department of Public Safety
Records Management Division
P. O. Box 11415
Oklahoma City, OK 73136-0415

Fees are listed above.
Please send total amount due in form of :
Cashier's Check, Money Order, Personal or Business Check
Cash is accepted only when paying in person.
Record fees are in accordance with Oklahoma Statutes.

Place copies of identification here:

-