

PERSONAL DATA SUMMARY SHEET

OP-110235, Attachment K

(The original copy must be submitted to the requesting agency's personnel office. Retain a copy for your records.)

TITLE OF JOB FAMILY AND LEVEL FOR WHICH CERTIFICATION IS REQUESTED: _____

NAME: _____ **SSN:** _____ **Empl ID:** _____
 Last First Middle

INFORMATION ON THIS FORM IS SUBJECT TO VERIFICATION. Please provide a phone number where you can be reached between 8:00 a.m. and 5:00 p.m. to schedule your interview: _____

Education	Name	Location	Dates Attended	Hours Completed	Hours Completed or Degrees and Majors
Other					
Registration, certification or licensure: Type:		Granted By:			Effective Dates:

QUALIFYING EXPERIENCE: -- (List only jobs that include relevant experience for the proposed Job Family and Level.) Start with most recent job first.

Employer and Location	Position Held	Hours Per Week	Date Employed	Date Separated	Description of Duties

Title 21 O.S. Section 358: "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 application, knowing such statement or representation to be materially false, fictitious or fraudulent. A violation of this subsection shall be punished as provided in subsection B of Section 359 of this title."

I certify, subject to the penalties provided by law, that all information listed above is correct to the best of my knowledge.

 Signature of Employee or Personnel Officer

DATE: _____

I authorize the hiring agency to review and photocopy any and all of my performance evaluations for their consideration in this hiring decision. _____
 Signature of Employee

DEPARTMENT OF CORRECTIONS SUPPLEMENTAL PERSONAL DATA SUMMARY SHEET

NAME: _____ SSN _____
Last First Middle

The Prison Rape Elimination Act (§115.17) requires that the Department of Corrections ask the following questions prior to hiring or promoting staff (please check a response to each question):

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes No

Have you ever been convicted (or civilly or administratively adjudicated) of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

Have you ever engaged in any incidents of sexual harassment? Yes No

If you answered yes to any question, please explain: _____

P.R.E.A. §115.17(g): "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

I certify, subject to the penalties provided by law, that all information listed above is correct to the best of my knowledge.

Signature of Employee

DATE: _____