

Employee forms for Individual file

1. Application
2. Background check
3. "I9"
4. Work statement for contract labor signed
5. Copy of driver's license and social sec. card
6. Job description

Name _____ Social Security No. _____

Address _____ Date _____

Phone No. _____ Email _____ Referred by _____

Position Applying for: _____

Date you can Start _____ Salary Desired _____ Ever Applied here before? _____

Are you Employed now? _____ If so, may we inquire of your present employer? _____

Education History

High School _____ How many years attended? _____ Graduate? _____

College _____ How many years attended? _____ Graduate? _____

Other Schooling _____ How many years attended? _____ Graduate? _____

Military Service? _____ Years and rank _____

Special Work Experience or Extra Training/Skills _____

(Use back if necessary)

Employment History (List last 4 employers starting with the most recent on first)				
Month and Year	Name and City of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References (Give the names of three people not related to you, who we may contact.)			
Name	City	Phone Number	Relationship to Applicant



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>				
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial
Other Names Used <i>(if any)</i>				
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town
			State	Zip Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number		E-mail Address	
	[]-[]-[]			
			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request
6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
http://www.ok.gov/osbi/Criminal_History/

- Type Of Search Requested:**
- Name Based - \$15.00
 - Sex Offender - \$2.00
 - Mary Rippy Violent Offender - \$2.00
 - State Fingerprint-based - \$19.00
* Must provide fingerprint card.
* Includes name based search.

DATE _____

Request Submitted via:

- Fax Mail In Person

Requests will be returned in the manner received.

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search.

() _____

ACCEPTABLE FORMS OF PAYMENT: CASH CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK *No Personal Checks Accepted.* CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____

Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

PHONE NUMBER () _____ E-MAIL ADDRESS _____

Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Form: with correction: done with white out or by striking through the field; in this section will not be processed.

NAME _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.

For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.

OSBI CHR/ 08/09