

## NOTIFICATION OF EMPLOYMENT

Council on Law Enforcement Education and Training  
 2401 Egypt Road, Ada, Oklahoma 74820-0669 P: 405-239-5100

**DUE WITHIN 10 DAYS OF EMPLOYMENT**

**COMPLETION OF ALL FIELDS IS REQUIRED**

**FULL-TIME OFFICER (Over 25 hours per week)**

Not Certified – Requesting Academy  
 Name of facility officer will be attending: \_\_\_\_\_  
 Not Certified - Requesting Career Tech BPOC Academy  
 Tech Center Name: \_\_\_\_\_  
 Certified in Oklahoma CLEET # \_\_\_\_\_  
 OUT OVER 5 YEARS  
 Certified in Another State – Requesting Reciprocity  
 Requesting COP/Career Tech BPOC Certification  
 Requesting Bridge Academy CLEET # \_\_\_\_\_

**RESERVE OFFICER (140 hours or less per month)**

Not Certified – Requesting Academy  
 Not Certified - Requesting Career Tech BPOC Academy  
 Tech Center Name: \_\_\_\_\_  
 Certified in Oklahoma CLEET # \_\_\_\_\_  
 OUT OVER 5 YEARS  
 Certified in Another State – Requesting Reciprocity  
 Requesting COP/Career Tech BPOC Certification

**Department Information:**

Department Name: \_\_\_\_\_ Dept. E-Mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
 Department Head: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: ( ) - \_\_\_\_\_

**EMPLOYEE DATA**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: ( ) - \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Date of Commission: \_\_\_\_\_ Position: \_\_\_\_\_

**EMPLOYEE ATTESTATION:**

- I am at least 21 years of age;
- I am a U.S. Citizen or have resident alien status, pursuant to an employment eligibility verification form from the U.S. Citizenship and Immigration Services;
- I possess a high school diploma or a GED equivalency certificate as recognized by state law;
- I am not currently undergoing treatment for a mental illness, condition, or disorder;
- I have never been convicted of a felony, crime of moral turpitude, or crime of domestic violence in any state or federal court;
- I am not currently nor have I ever participated in a deferred sentence for a felony, crime of moral turpitude, or crime of domestic violence.
- I have never had a final Protective Order entered against me in this or any other State.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DEPARTMENT ADMINISTRATOR ATTESTATION**

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| • Have fingerprints been taken and sent to the OSBI for state and federal record checks <b>and</b> has a report been received showing no record of conviction of, nor ever has nor is currently participating in a deferred sentence for a felony, crime involving moral turpitude, or a crime of domestic violence? | Yes | No |
| • Have you, as the Department Administrator, verified a passing psychological evaluation has been completed for this employee pursuant to 70 OS 3311?  | Yes | No |
| • Have you, as the Department Administrator, verified that the employee possesses a high school diploma or GED equivalency certificate as recognized by state law?   | Yes | No |
| • Do you, as the Department Administrator, certify that the employee has never had a final Protective Order filed against him/her in this or any other State?  | Yes | No |
| • Do you, as the Department Administrator, certify to the Council that the named employee/applicant is suitable to serve as a peace officer in the State of Oklahoma?  | Yes | No |

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Signature of Department Administrator or Designee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Printed Name of Department Administrator or Designee: \_\_\_\_\_ Title: \_\_\_\_\_