



EMPLOYMENT APPLICATION



Attn: Human Resources
3817 N Santa Fe Ave
Oklahoma City, OK 73118
PHONE: 405.522.7700

Lottery Commission Employment
EMAIL application and resume to:
personnel@lottery.ok.gov
Application is not substitute for resume

Position Sought _____ Salary Range Requirement _____

Date Available to Start _____ Email _____

Have you submitted to your resume to the Oklahoma Lottery Commission? YES NO

Name _____ Maiden (or other) _____

Date of Birth _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Email _____

Please answer the following questions completely:

Are you legally authorized to work in the United States? YES NO

Have you ever worked for the State of Oklahoma? YES NO

If YES, please list agency(s) and date(s) of employment _____

May we contact you at work for interview purposes? YES NO



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WITH YOUR SIGNATURE YOU CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE AND AUTHORIZE A BACKGROUND INVESTIGATION AND RELEASE OF LIABILITY

I certify that the information supplied in this application and in any other form, oral or written, is true and accurate. I hereby authorize the Oklahoma Lottery Commission (OLC) and/or the Office of Management & Enterprise Services (OMES) and/or the Oklahoma State Bureau of Investigation (OSBI) to verify the information I have provided in my employment application, in my oral statements, and in any other documents or supplemental information, I have provided to this agency for the purposes of employment.

If selected for employment, I agree to conform to the policies, rules and regulations of the Oklahoma Lottery Commission. With this application, I agree to the state's overtime pay policy, which allows giving compensatory time instead of cash payments under certain conditions. I understand that the position for which I am submitting this application serves at the pleasure of the Lottery Commission. I understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Lottery Commission, Board of Trustees or myself, subject to any employment contract provisions agreed to in writing by both parties. I understand that no representative of the agency, other than the Board of Trustees, or the Executive Director as may be authorized by the Board of Trustees, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand that any offer of employment is not official until I have received a written offer signed by the Lottery Executive Director or the appropriate unit director for the Lottery.

I understand that nothing in my application is intended to imply or create an employment relationship or contract for employment. If I am currently employed by another Oklahoma State agency, I understand that the Lottery Commission policy is to accept up to 80 hours of accumulated annual leave on transfer from my current agency. The Lottery may accept up to 120 hours of transferred annual leave if I make a special request to do so. Compensatory leave balances are not transferable.

I hereby release from liability and hold harmless the State of Oklahoma, the Oklahoma Lottery Commission, the Board of Trustees, the Office of State Finance, the Oklahoma State Bureau of Investigation and their attorneys and employees, along with any corporation, firm, person, organization or individual providing information to those entities, from any and all claims, liabilities, loss, demands, and causes of action known and unknown, fixed or contingent, equitable, legal, or administrative, accrued to me as a result of such disclosure of information concerning me.

I authorize the OLC or its designee to conduct an investigation of my civil and criminal history, my financial credit history and to verify that I am compliant on my state taxes. I understand and agree that any misstated, misleading, incomplete or false information is grounds for my disqualification from consideration for employment, for withdrawal of any offer of employment if an offer has been made, or for my immediate discharge if employment has already commenced, whenever, and however discovered.

I understand that a copy of this document shall have the same legal significance as the original.

Signature	Date
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