



**OKLAHOMA COUNTY
DISTRICT ATTORNEY'S OFFICE
STATE OF OKLAHOMA**



DATE: _____

NOTICE:
Application must be hand written in black ink. All questions must be answered. If not, indicate NA (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

Check Position Applied for: ___Assistant District Attorney ___Intern ___Volunteer
 ___Investigator ___Support-Personnel(Secretary)
 ___Paralegal ___Support-Personnel(Other)_____

1. Personal History

- a. Name in Full (Last, First, Middle) _____
- b. List all other names you have used including nicknames; If female, furnish maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court. _____
- c. Birth Date (Month, Day, Year) d. Are you eligible to work in the United States? ___Yes ___ No

2. Residences

- a. Present Residence Address (apartment, street, city, state, zip code) _____
- Residence phone number: (_____)_____-_____ Mobile phone number: (_____)_____-_____
- Business phone number: (_____)_____-_____ Email Address: _____
- b. Complete address to which you wish mail sent (include zip code and telephone number if different from above) _____
- c. List chronologically **ALL** of your residences since the age of 18. (include addresses while attending school if away from home and all military addresses including any off military base).

From	To	Street Address (include apartment #)	City	State

3. Availability of Applicant

a. Have you previously submitted an application for employment with the District Attorney's office? Yes No

Date _____

b. Earliest date available for employment: _____

4. Education

a.

Name of School	Location	From	To	Course Pursued	Degrees or Diplomas
High Schools					
Colleges					
Graduate School					
Miscellaneous					

b. Were you ever dismissed from a school, or was any disciplinary action ever taken against you during your scholastic career?

Yes No _____
School Date Type of Action

c. List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you have received.

d. Are you licensed to practice law? Yes No State(s) _____ Bar# _____

e. Are you a licensed automobile operator? Yes No State(s) _____ Drivers license # _____

5. Employment

List chronologically all employment, including summer and part-time employment. All time must be accounted for, if unemployed for a period, indicate setting forth dates of unemployment.

a.

Employer's name and address:	Name of Supervisor:	Phone #: () -
From: To:	Position and duties performed:	
Starting Salary: Final Salary:	Reason for leaving:	

6. Military Record

a. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Highest rank attained: _____ Date Commissioned if applicable: _____

b. Branch of Military service: _____

c. Dates of active duty (month, day & year): From: _____ To: _____

d. Member of Reserve: Yes No Ready Standby Service Branch: _____

e. National Guard: Present Former None

If you attend drills, meetings, or camps give name of unit and location: _____
Unit Location

Summer camp attendance: From: _____ To: _____ Location: _____

7. References

Give six references (not relatives, present, or former employers) who have known you for at least five years.

Complete name (including middle name, no initials) and address:	Phone #: () -
	Number of years acquainted:
Occupation:	
Business address:	
Complete name (including middle name, no initials) and address:	Phone #: () -
	Number of years acquainted:
Occupation:	
Business address:	
Complete name (including middle name, no initials) and address:	Phone #: () -
	Number of years acquainted:
Occupation:	
Business address:	
Complete name (including middle name, no initials) and address:	Phone #: () -
	Number of years acquainted:
Occupation:	
Business address:	
Complete name (including middle name, no initials) and address:	Phone #: () -
	Number of years acquainted:
Occupation:	
Business address:	
Complete name (including middle name, no initials) and address:	Phone #: () -
	Number of years acquainted:
Occupation:	
Business address:	

8. Court Record

a. Have you ever been arrested or charged with any crime or violation including traffic? *(List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter was settled by payment of fine or forfeiture or collateral: include plea's of Nolo Contendre, Alford and Blind plea's.)*

Date:	Location:	Agency:
Charge:		
Final Disposition		
Details:		
Date:	Location:	Agency:
Charge:		
Final disposition:		
Details:		
Date:	Location:	Agency:
Charge:		
Final disposition:		
Details:		
Date:	Location:	Agency:
Charge:		
Final disposition:		
Details:		

b. To your knowledge has any member of your family or relative listed in this application ever been arrested for anything other than traffic violations?

Yes No

Name:	Relation:	Date:
Location:	Charge:	
Final disposition:		
Name:	Relation:	Date:
Location:	Charge:	
Final disposition:		
Name:	Relation:	Date:
Location:	Charge:	
Final disposition:		

c. Have you ever been a plaintiff or defendant in a federal or state civil action? Yes No If yes, please explain: _____

9. Organization Membership

a. Are you a member of any professional organizations? ____ Yes ____ No If yes, list below (do not abbreviate).

Name	Location (city and state)	Former	Present (list position held and extent of activity)

b. Can you support and defend the Constitution of the United States and the State of Oklahoma? ____ Yes ____ No

c. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which in totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of Government of the United States by unconstitutional means? ____ Yes ____ No (if yes, please explain in full)

10. Relatives

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information concerning each former spouse, include stepbrothers and stepsisters, half-brothers and half-sisters. List legal guardians or others who have reared you instead of your parents, as well as your biological parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included regarding your future spouse, and clearly show that such relationship is a future one. Please identify and list all relatives by using additional pages if needed.

a. Father

Complete name, include middle name (no initials):	
Complete address:	Date of birth:
	Occupation:
Business address:	

b. Mother

Complete name, include middle name (no initials):	
Complete address:	Date of birth:
	Occupation:
Business address:	

c. Spouse (if wife, include maiden name)

Complete name, include middle name (no initials):	
Complete address:	Date of birth:
	Occupation:
Business address:	

