



# OKLAHOMA LOTTERY COMMISSION

## EMPLOYMENT APPLICATION

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

Lottery Commission Employment  
Opportunities at: <http://www.lottery.ok.gov>  
EMAIL questions to: [personnel@lottery.ok.gov](mailto:personnel@lottery.ok.gov)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

May we contact you at work for interview purposes? \_\_\_\_\_

Position sought: \_\_\_\_\_

Date available for employment: \_\_\_\_\_

How did you hear about this position?  Lottery Website  <http://jobs.ok.gov>

Job Posting at State or Community Organization (list): \_\_\_\_\_

Web-based Job Service (list): \_\_\_\_\_

Career Services Organizations at:  Langston;  OCCC;  OU;  OSU; Other \_\_\_\_\_

EDUCATION: Include high school, vocational school and college. Verification of all levels of education may be required. Official transcript, diploma, or certificates may be required, however, to meet application deadline, copies are acceptable.

Name of School or College	City, State	# College Hours Completed	Diploma or Type of Degree Received	Area of Study

List any professional or occupational license(s) or registration(s):

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

If YES, please list agency(s) and date(s) of employment: \_\_\_\_\_

**EXPERIENCE:** PLEASE LIST DIFFERENT POSITIONS WITH EACH EMPLOYER AS SEPARATE PERIODS OF EMPLOYMENT. PLEASE PROVIDE INFORMATION ABOUT YOUR LAST 3 EMPLOYERS AT A MINIMUM. YOU MAY OTHERWISE LIMIT YOUR RESPONSE TO THE LAST 10 YEARS OF RELATIVE EXPERIENCE.

1. Present employer and location: \_\_\_\_\_

Job Title:		Employed Since:	
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May we contact your present employer as a reference:  YES  NO

Supervisor's Name:		Supervisor's phone:	
Description of Work Performed:			

No. of Employees Supervised:		Ending Salary:	\$	per		Hours worked per week:	
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Reason for Leaving:	
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2. Employer and location: \_\_\_\_\_

Job Title:		Date Employed:	From		To	
Supervisor's Name:		Supervisor's phone:				
Description of Work Performed:						

No. of Employees Supervised:		Ending Salary:	\$	per		Hours worked per week:	
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Reason for Leaving:	
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3. Employer and location: \_\_\_\_\_

<b>Job Title:</b>		<b>Date Employed:</b>	<b>From</b>		<b>To</b>	
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<b>Supervisor's Name:</b>		<b>Supervisor's phone:</b>	
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<b>Description of Work Performed:</b>	
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<b>No. of Employees Supervised:</b>		<b>Ending Salary:</b>	\$		<b>per</b>		<b>Hours worked per week:</b>	
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<b>Reason for Leaving:</b>	
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4. Employer and location: \_\_\_\_\_

<b>Job Title:</b>		<b>Date Employed:</b>	<b>From</b>		<b>To</b>	
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<b>Supervisor's Name:</b>		<b>Supervisor's phone:</b>	
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<b>Description of Work Performed:</b>	
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<b>No. of Employees Supervised:</b>		<b>Ending Salary:</b>	\$		<b>per</b>		<b>Hours worked per week:</b>	
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<b>Reason for Leaving:</b>	
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5. Employer and location: \_\_\_\_\_

<b>Job Title:</b>		<b>Date Employed:</b>	<b>From</b>		<b>To</b>	
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<b>Supervisor's Name:</b>		<b>Supervisor's phone:</b>	
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<b>Description of Work Performed:</b>	
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<b>No. of Employees Supervised:</b>		<b>Ending Salary:</b>	\$		<b>per</b>		<b>Hours worked per week:</b>	
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<b>Reason for Leaving:</b>	
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6. Employer and location: \_\_\_\_\_

<b>Job Title:</b>		<b>Date Employed:</b>	<b>From</b>		<b>To</b>	
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<b>Supervisor's Name:</b>		<b>Supervisor's phone:</b>	
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<b>Description of Work Performed:</b>	
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<b>No. of Employees Supervised:</b>		<b>Ending Salary:</b>	\$		<b>per</b>		<b>Hours worked per week:</b>	
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<b>Reason for Leaving:</b>	
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(If you need to provide more information, fill out a blank sheet in the above format and attach to this application.)

**Please answer the following question as part of your application:**

Yes  No Do you have a financial interest in any vendor doing business or proposing to do business with the Oklahoma Lottery Commission?

**I understand the following statutory provisions regarding employment with the Lottery Commission:**

1. State employees (and applicants for OLC) must be tax compliant with the Oklahoma Tax Commission.
2. Employees of the Commission may not have a financial interest in any vendor doing business or proposing to do business with the Commission;
3. Employees of the Commission may not participate in any decision involving a retailer with whom the employee has a financial interest;
4. No person who has been convicted of any felony or a misdemeanor involving illegal gambling or involving moral turpitude shall be employed by the Commission, nor shall the Commission employ a person who is awaiting sentencing on a plea of guilt or nolo contendere to such a felony or misdemeanor (Title 3A-§712 F.)
5. An employee of the Commission who leaves the employment of the Commission may not represent any vendor or lottery retailer before the Commission for a period of two (2) years following termination of employment with the Commission;
6. Lottery system vendors, applicants for a major procurement contract, lottery retailers and applicants to be a lottery retailer may not pay, give, or make any economic opportunity, gift, loan, gratuity, special discount, favor, hospitality, or service, to any employee of the Commission, or to any person related to any such person within the third degree of consanguinity or affinity;
7. No ticket or share shall be purchased by, and no prize shall be paid to any employee of the Commission, or to any spouse, child, brother, sister, or parent residing as a member of the same household in the principal place of residence of any such person.

# OKLAHOMA LOTTERY COMMISSION

## CERTIFICATION THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE AUTHORIZATION FOR 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. 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.

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

Signature Required	Date
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### Required Information

The following information is needed to verify your identity and to access financial and criminal documents during the background investigations. Your Social Security Number will be kept confidential.

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(First)	(Middle)	(Last)	(Maiden or Previous Name)
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Social Security #	Date of Birth
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Are you legally authorized to work in the United States?  YES  NO (Proof of employment eligibility will be required.)

THE OKLAHOMA LOTTERY COMMISSION IS AN EQUAL OPPORTUNITY EMPLOYER

Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

EQUAL EMPLOYMENT OPPORTUNITY AND  
AFFIRMATIVE ACTION STATISTICS

**The State of Oklahoma is an Equal Employment Opportunity Employer**

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decisions. This page is separated from your application immediately upon being received and will be kept confidential.

**This form is to be completed voluntarily and failure to do so will not have an effect on the application process.**

**Sex** – please check one: \_\_\_\_\_ Male                      \_\_\_\_\_ Female

**Ethnic Group** – please check one:

\_\_\_\_\_ **Hispanic or Latino** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (**NOTE:** If you check this category, please **DO NOT** select from the racial list below. You have completed this form).

\_\_\_\_\_ **Non-Hispanic/Latino** (**NOTE:** If you check this category, please select from the racial groups below).

**Racial Groups** – If **Non-Hispanic/Latino** was selected above, please check one of the following:

\_\_\_\_\_ **White** (Not Hispanic or Latino) – All persons having origins in any of the original people of Europe, North Africa, or the Middle East.

\_\_\_\_\_ **Black or African American** (Not of Hispanic origin) – All persons having origins in any of the black racial groups or Africa.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **Asian** (Not Hispanic or Latino) – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **American Indian or Alaskan Native** (Not Hispanic or Latino) – All persons having origins in any of the original peoples of North or South America and who maintain cultural identification through tribal affiliation or community attachment.

\_\_\_\_\_ **Two or More Races** (Not Hispanic or Latino) – All persons who identify with more than one of the above races (**NOTE:** If you check this racial group, a **Primary Race** must be noted).

**Primary Race:** \_\_\_\_\_

**This information is submitted voluntarily, will be kept confidential, will be exclusively utilized for EEO statistical gathering and compliance purposes, and will not influence the application or hiring process.**

**Thank you.**

*Our hiring policy is simple:*  
**WE FOLLOW THE LAW!**  
**The Oklahoma Lottery Commission hires lawful  
workers only – U.S. citizens or nationals and  
non-citizens with valid work  
authorization – without discrimination.**

Federal immigration law requires all employers to verify both the identity and employment eligibility of all persons hired to work in the United States.

In its efforts to meet the law's requirements, this agency is participating in the Basic Pilot program established by the Department of Homeland Security and the Social Security Administration (SSA) to aid employers in verifying the employment eligibility of all newly hired employees. Our participation in the pilot program does not exempt us from the obligation to complete a Form I-9 for everyone we hire.

**For additional information on the verification program contact the:**

Department of Homeland Security  
USCIS/SAVE Program  
111 Massachusetts Avenue, 2nd Floor  
Washington, DC 20001  
Phone (888) 464-4218

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*Nuestra póliza de empleo es simple:*  
**NOSOTROS SEGUIMOS LA LEY**  
**Sin discriminación, esta compañía emplea solamente trabajadores  
legales – ciudadanos o nacionales de los Estados Unidos y  
extranjeros con autorización de trabajo.**

La Ley Federal de Inmigración y Nacionalidad requiere que todas las empresas verifiquen la identidad y elegibilidad de las personas que buscan empleo en los Estados Unidos.

En su esfuerzo de cumplir los requisitos de la Ley, esta compañía participa en un programa Piloto Básico de verificación de empleo, establecido por El Departamento de Seguridad Nacional (DHS) en conjunto con la Administración de Seguro Social en esta forma los empleadores, verificarán la elegibilidad de todos los nuevos aplicantes. Nuestra participación en este programa piloto, hace que no exista ningún tipo de excepción en la Ley, tenemos la obligación de completar el formulario I-9 para toda persona que nosotros empleamos.

**Para mayor información de este programa de verificación, puede usted comunicarse:**

Department of Homeland Security  
U.S. Citizenship and Immigration Services  
Systematic Alien Verification for Entitlements (SAVE) Program  
Washington, DC 20529  
Phone (888) 464-4218